



HELEN KELLER COLLEGE OF SPECIAL EDUCATION

(Recognized by the Rehabilitation Council of India, Govt. of India)
Rajiv Gruhakalpa Road, Ramanjaneyapuram, Chinnachowk, Kadapa – 516 002,
Andhra Pradesh (State) E-mail : hksd_kdp@rediffmail.com

APPLICATION FOR ADMISSION TO
D.Ed. Spl. Ed. (HI) / B.Ed. Spl. Ed. (HI)

ACADEMIC YEARS 2016 – 17 AND 2017 – 18

Self attested
photograph of
applicant

1. Name of the Applicant : _____
2. Name of the Parent / Guardian : _____
3. Date of Birth (dd/mm/yy) : _____ Age in Years & Months _____
4. Gender : Male / Female / Others : _____ Marital Status _____
5. Nationality : _____ Domicile : _____
6. Category : SC ST OBC PH Gen Sub-Caste :
7. Annual Family Income (from all sources) : _____
8. Address for :

	Correspondence	Permanent
D.No., Street		
Village, Post		
Mandal, District		
State, Pin Code		
Tel. & Cell No.		
E-mail I.D.		

9. Details of examinations passed :

S. No.	Name of the Exam Passed	Name of the Board / University	Year of Passing	Total Marks	Marks Obtained	%age obtained	Subjects
1.	SSC/Xth Std.						
2.	Inter/HSC/XIIth Std.						
3.	B.A. / B.Sc. / B.Com. / B.Tech.						

Declaration :

I hereby declare that all the statements made by me in this application to the best of my knowledge, are true, complete and correct, if found incorrect or false my candidature / admission may be treated as cancelled at any state.

Applicant's Signature : _____ Parent / Guardian's Signature : _____

Note : Attested copies of caste, domicile and income certificates, mark sheet etc., should be enclosed with the application form.

Acknowledgment

Form No. _____

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Received Application from _____ S/o / D/o / W/o _____

for admission to D.Ed. Spl. Ed. (HI) / B.Ed. Spl. Ed. (HI) for the academic years 2016-17 and 2017-18.

Date : _____

Receiver's Signature