

Application No

**NIRMALA SADAN TRAININGCOLLEGE FOR SPECIAL EDUCATION
MUVATTUPUZHA -686661**

**APPLICATION FOR ADMISSION TO D. ED IN SPECIAL EDUCATION
(IDD) – SESSION 2026 -2027**

(Late application will not be entertained)

Name of the candidate (in full block letters as given in High School Certificate)

Surname

Middle Name

First Name

Affix
Photograph

(Colour photo with
white background)

Father's Name (in full block letters as given in High School Certificate)

Mother's Name

Age (in complete years as on 31st Dec.2020

Date of Birth

D D

M M

Y E A R

Complete Postal Address (in Block letters)
(Please do not write your name of father name)

Pin :

Phone :

Fax :

Permanent Address of
Father / guardian

Pin :

Phone :

Fax

Nationality	Indian	Sex	M	F	Category	SC	ST	SEBC	OEC	OH
	Foreign									

Only candidates having OH due to disability in one leg will qualify.

Details of Qualifications

Exam Passed	Name of the School/ College	Year of Passing	University /Board	No. of Attempts	Class Division	Subject taken	% of marks	Medium of instruction
X/SSC Equivalent								
ISC/Sr. Sec/ Intermediate 10+2 Equivalent								
Higher Qualification								
a)								
b)								

Whether the candidate is a parent/sibling of a child with mental retardation:

Yes/No

Whether the candidates excelled in District/State/National/International /Sports or holder of NCC A, Scouts & Guides Governor Certificate? Yes/No

Languages Known Speak Read Write

- 1.
- 2.
- 3.

Extra-curricular activities

Have you worked with persons with mentally retarded? If yes give details.

State in your own hand writing "Why do you want to joint D.Ed. Spl. Edn. (IDD) Course?"

The following documents should be attached with the application.

1. Statement of marks of PUC/Intermediate /Higher Secondary, (10+2) or other equivalent qualifying exam.
2. Attested photocopy of Proof of date of birth (10th Certificate)
3. Conduct certificate (Original)
4. Proof for SC/ST status or physically handicapped Certificate
5. Certificate Higher Qualification.
6. Certificate by a Government Medical Officer/Authority competent to issue certificate of disability designated by the State/Central Government certifying that the candidate is a sibling/parent of Mentally Retarded Children.
7. Certificate to the effect that the candidate excelled in district/State/National/International Sports meet/NCC 'A' Certificate/Diploma in Fine Arts and Music, Yoga/Scouts & guides Governor certificate.

Place :

Date :

Signature of the Applicant

DECLARATION

I hereby certify that all the information given above is true and correct to the best of my knowledge and belief. Further declare that I shall abide by the rules and regulations of the institute and training center. I am aware that my admission will be cancelled in case the details furnished by me are proved to be wrong.

Date :

Signature of the Candidate

ENDORSEMENT BY FORWARDING AUTHORITY

Certified that Mr./Mrs./Ms.

Is/was working in our organization as from

..... to The application for admission to the training programme leading to D.Ed. Special Education (IDD) is forwarded.

Date:
Authority With rubber stamp of the Institution.

Signature of the Forwarding