## D.P.Mishra Institute for Advance Studies in Special Education and Technolog

(Managed by Social Aid Improvement and Mass Action -SAIMA)

Srimayee Pitha, Sisu Vihar, In Front of C.H.C, Kodala – 761032, Ganjam.(ODISHA)

Web – Http://www.saima-balvikas.org, E.mail – welcome\_saima@yahoo.com

Phone – 06810-268285, Cell - +918763244094,

## Advance Certificate Course in Inclusive Education (Cross Disability) Batch 2018

AF	PLIC	ATION FOR AD	<u>B.</u> MISSION TO: <u>Al</u>	atch CCIE (CI	<u>2018</u> D)							
1. Name of the applicant:										Self-attested		
2. Name of the Parent / Guardian:										hotograph o applicant		
3. Date of Birth (dd/mm/yy): Age in years & months:												
4. Gender: Male/Female/Others CRR No.:												
5. Nationality: Aadhar No.:												
6. Category: SC ST OBC PH Gen												
7. Annual Family Income (from all sources):												
8. Address for												
			Correspondence				Permanent					
	Otata					4						
	State Pin Code					+						
		No./ Mobil										
	Email ID					$\dashv$						
9. Details of Rehabilitation qualifications passed:												
	S.N	Name of the	Name of the		Year of			Marks	%age			
		eaxm passed	Board/ University		passing			obtained	obtained			
	1											
	2											
	3											
l h kn ma	owled ay be	declare that a dge, are true, co treated as canc	Il the statements implete and corre elled at any stag	ect. If fou	nd incorre	ect o	r false	my cand	didature/a	•		
Αr	Applicant's Signature:						Parent/Guardian's Signature:					

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