



# The Spastics Society of Tamil Nadu (SPASTN)

CSIR Road, Taramani, Chennai – 600 113  
Tel: 22541542, 2254 1651 Fax: 2254 1047



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Website: www.spastn.org

## APPLICATION FORM

## No

Please print clearly. Use black or blue ink. Check the appropriate boxes and complete entire application.

Tick the appropriate course:

- 1. B.Ed. Special Education (Multiple Disability)
- 2. Diploma in Special Education (Mental Retardation)
- 3. Diploma in Special Education for persons with Cerebral palsy & Other Neurological disabilities



1. Name in Full [as per **+2 certificate**] Mr/Mrs/Miss (Tick as appropriate) Use block letters


2. Date of Birth: ..... Age: ..... Gender:..... Marital Status .....

3. Name of Father / Husband / Guardian : .....

4. a. Present Address:

b. Permanent Address:

.....  
.....  
.....

.....  
.....  
.....

Pin code ..... Tel. ....

Pin code ..... Tel. ....

Mobile .....

Mobile .....

5. Nationality: Indian Foreign Nationals: ..... (Specify)

6. Name of Local Guard  : .....

7. Local Address in Chennai : .....  
.....

Phone No. (Res): ..... Mobile No. ....

Email Id : .....

8. Religion :

9. Caste :

10. Name of the community : SC  ST  BC  MBC  OC

(Enclose attested copy of the Certificate from appropriate authority)

11. a. Are you a Parent of child with disability  Yes  No

b. Do you have any disability  Yes  No

If yes, specify: .....  
.....

12. Mother Tongue:

13. Languages Known	Can Speak	Can Read	Can Read & Write
a. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Academic Qualifications: Enclose Photocopies of all Mark Sheets and TC

Name of the Exam Passed	Name of the Board / University	Percentage	Class	Year of Passing	Subject or Discipline

15. Work Experience:

Name of the Organization	Duration		Position Held	Other relevant experience / information
	From	To		

16. Extra Curricular Activities:

Hobbies

Interests

Voluntary Work

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.....

.....

.....

.....

17. Please indicate if hostel accommodation is required  Yes  No

18. Attach a one page clearly written explanatory note on:

- a. Your motivation to work with persons with disabilities.
- b. Qualities which you think you have that will make you a good Rehabilitation Professional.
- c. Purpose of joining this course.
- d. Future plans after completion of the course.

I affirm that the facts stated above are true to the best of my knowledge and belief.

Signature of Applicant

Signature of Parent / Guardian / Spouse

Date:

**SPONSORSHIP BY FORWARDING AUTHORITY**

The application of Mr. / Ms. ....  
 For admission to your training programme is forwarded. Upon successful completion of the training the applicant is likely to be employed at out facility.

Signature &  
 Official Seal of the authority

**FOR OFFICE USE ONLY**

1. Sponsorship : Yes No
2. Name of Sponsor .....
3. Educational Qualifications :  Meets criteria  Does not meet criteria  
(As per RCI Norms)
4. Work Experience (Field) :
5. Interests :
6. Post-Course Plans :
7. English Expression :
8. Contractual Commitment# :
9. Points Scored :
10. Admitted :

Signature of Director

Signature of Course-Coordinator

Submit this application form to;  
Course Coordinator,  
The Spastics Society of Tamilnadu,  
CSIR Road, Chennai – 600 113.