



# The Spastics Society of Tamil Nadu (SPASTN)

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



thespasticsocietyoftamilnadu@gmail.com

Website: www.spastn.org

## APPLICATION FORM

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

Tick the appropriate course:

- 1. Diploma in Special Education for persons with   
Cerebral palsy & Other Neurological disabilities



Affix Recent  
Passport Size  
Photograph

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


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

\*AADHAR Number: ..... \*Personal Mail ID:

3.Name of Father / Husband / Guardian :

4. Name of Mother:

5. a. Present Address:

b. Permanent Address:

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

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

..... Tel. ....

Mobile ..... Mobile  
.....

6. Nationality:  Indian For  Foreign Nationals:  
..... (Specify)

7. Name of Local Guardian :  
.....

8. Local Address in Chennai :  
.....  
.....

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

Email Id :  
.....

9. Religion : 10. Caste :

11. Name of the community  SC  ST  BC  MBC  OC

(Enclose self attested copy of the Certificate)

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

b. Do you have any disability  Yes  No

If yes, specify:

.....  
.....



18. Please indicate if hostel accommodation is required  No  Yes

No

19. 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  
Guardian / Spouse

Signature of Parent /

Date:

Note: \*Mandatory

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### **SPONSORSHIP BY FORWARDING AUTHORITY**

The application of Mr. / Ms.

.....

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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

Application No.

**FOR OFFICE USE ONLY**

1. Sponsorship : Yes No

2. Name of Sponsor

.....  
.....

3. Educational Qualifications  Meets cr  ria Does not meet  
criteria  
(As per RCI Norms)

4. Work Experience  Meets  iteria Does not meet  
criteria

5. Interests :

6. Post-Course Plans :

7. English Expression :

8. Commitment :

9. Points Scored :

10. Admitted :

Signature of Director  
Coordinator

Signature of Course-

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