



Application No :

KUSUMAGIRI TRAINING INSTITUTE FOR SPECIAL EDUCATION (KTISE)

Kusumagiri, Kakkanad, Kochi - 682030

Ph: 0484 - 2422215, 2422285 Email : ktise2013@gmail.com

Application Form for Admission

Diploma of Education Special Education
(AUTISM SPECTRUM DISORDERS) SESSION
2017 - 2019

Affix recent
Passport Size
Photograph of
Candidate duly
Signed by him / her
across it

The filled in application form should be submitted on or before _____.
The last date for sale of application form is _____.
Application should be filled by candidate own hand writing.

1. **Name of the Candidate** (in full Block letters as given in High School Certificate):

First Name

Surname

2. **a. Father's Name** (In full block letters as given in High Scholl Certificate):

b. Mother's Name

3. **Date of Birth**

Age (in complete years as on 2017)

4. **Complete Postel Adress** (in block letters) **Permanent Address**

PIN

PIN

Phone / Mobile:

Phone / Mobile:

E-mail:

E-mail:

5. Nationality :

Indian

Gender

M

F

Category

SC

ST

PwD

OBC

BC

Gen

Foreign

Caste:

6. "STATE" to which the candidate belongs:

7. Annual income of self/parent/guardian:

8. Details of qualification:

Exam Passed	Name of School/ College	Year of Passing	University /Board	Class Division	Subject Taken	Aggregate % of Marks	Medium of Instruction
X/SSC Equivalent							
ISC/Sr. Sec/Intermediate 10+2 Equivalent							
Graduation, (BA/BSC/ B.Com or any Equivalent Degree)							

9. Languages Known

Speak

Read

write

1.

2.

3.

10. Do you Need Hostel Accommodation: Yes / No

11. The following documents have been attached with the application

(Please tick mark)

- a) Attested copy of proof of date of birth (10 th Cetificate)
- b) Attested copy of certificate and mark sheets of HSC, Intermediate
- c) Cetificate of higher qualification
- d) Cetificate of extra - curricular activities if any
- e) If the candidate applying is a parent of a child with autism or other special needs, medical certificate of their child is essential
- f) Proof of work experience in the field of special education if any
- g) Proof for SC/ST/OBC/SEBC/PwD Certificate.

DECLARATION BY THE CANDIDATE

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

Place:

Date:

Signature of Applicant