



State Institute of Special Education & Research (SISER)
SIRD Campus, Unit-8, Bhubaneswar
Application Form for B.Ed Special Education
(Visual Impairment)



ADMISSION FOR ACADEMIC SESSION 202__ TO 202__

1. Name of the Course : Application No.-
2. Name of the Candidate : (In capital Letters)

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First Name Middle Name Last Name

3. Father's Name : (In capital Letters)

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First Name Middle Name Last Name

4. Nationality (Tick)	5. Category (Tick)				6. Sex (Tick)	
Indian / Other	SC	ST	GC	Male/Female/Other		
	OBC	Ex-Serviceman	Disabled			

7. Aadhaar No.-

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8. Date of Birth

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D D M M Y Y Y Y

9. Academic / Rehab Qualifications (Enclose self attested colour photocopies of certificates and Mark sheets)

Name of the Examination	Board / University	Year of Passing	Agg. Percentage of Marks	Division
High School				
Intermediate				
Graduation				
Post-Graduation				
Others				

10. Address of the Candidate: Write your complete address including name in capital letter. Use BLACK/BLUE Ball Pen only to write address

Name: _____
C/o- _____
House No.- _____
Street: _____
Village / City: _____
State: _____ PIN- _____

Contact No.- _____ Alternate Contact No.- _____
Email id: _____

**Affix self attested
recent passport size
photograph**

Thumb Impression or Signature of
the Candidate in running
handwriting

11. Declaration by the Candidate

I hereby declare that all particulars stated in this application are true to the best of my knowledge and belief. In the event of suppression distortion of any fact like Qualification, Nationality, Category etc. made in my Application Form, I understand that my application will be rejected summarily. I also understand that the decision of the authorities of SISER, Bhubaneswar regarding my admission will be final.

Place.....

Signature of Father / Guardian

Date.....

(Signature of the Candidate)

- N.B.: 1) Application Forms without proper enclosures will be rejected.
2) Enclose copy of the Money Receipt / DD for purchase of Application Form at the time of submission