

**APPLICATION FORM FOR ADMISSION INTO
CERTIFICATE COURSE IN CARE GIVING (C.C.G.) COURSE
FOR THE ACADEMIC SESSION 2024-25**

Form No. _____

State Institute of Special Education & Research (SISER)

SIRD Campus, Unit-8, Bhubaneswar-751012

Contact No.- (0674) 2561163

www.siserodisha.org, siserodisha@gmail.com



Application form for admission to (name of the course): _____

1	Student's Name	
2	Father's Name	
3	Mother's Name	
4	Date of Birth	(DD/MM/YYYY) <input style="width: 50px;" type="text"/>
5	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>
6	nationality	
7	Aadhar Number	
8	Category	Gen <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/>
9	PwD	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Are you Parent/Sibling of PwD	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	If yes, mention UDID number or UDID enrolment number	
12	Do you belong to EWS Category	
13	Permanent Address	
	Correspondence Address	
	Address	
	Village/City	
	District	
	State	
	Pin Code	
14	Mobile Number:	Email ID:

15. Educational Qualification:

Name of the Examination passes	Board/ University	Year of passing	Total Marks	Marks obtained	% obtained	Subject(s)
10th						
12th						

Any Other

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Declaration

I hereby declare that all the information and documents furnished by me is true and correct to the best of my knowledge and belief. In the event of any information being found incorrect or misleading, my candidates be shall be liable for cancellation for admission by the NBER, RCI or concerned training institutes at any stage.

(Name and Signature of the Applicant)

***Note:** Self attested copy of caste, educational qualification and UDID (PwD) certificate (if applicable), any other relevant documents to be enclosed along with the application form.*