Application No: AJCT 2018-19 / .................

Please tick the course you have applied for

Name of Course: D.Ed.SE (HI) / D.Ed.SE (MR) / D.Ed.SE (VI)

Medium in which candidate will appear in examination: Hindi / English

Name of the Candidate (full in block letters as given in High School Certificate)

First Name

Middle Name

Surname

Father’s Name (full in block letters as given in High School Certificate)

Mother’s Name (full in block letters as given in High School Certificate)

Local Guardian

Name: ...................................... Relationship: ......................................

(Please enclose the Local Guardian address proof & Local Guardian Photo ID)

AIOAT - 2018

Application No : 

Roll No : 

Marks Obtained : 
APPLICATION FOR ADMISSION TO (Name of the Course):…………………………

1. Name of the applicant : …………………………………………………………………………………

2. Name of the Parent / Guardian: ………………………………………………………………………

3. Date of Birth (dd/mm/yy): …………………. Age in years & months: …………………

4. Gender: Male/ Female/ Others…………………………. Marital Status:…………………………

5. Nationality :…………………………….. Domicile : …………………………………………………

6. Category : SC[ ] ST[ ] OBC[ ] PH[ ] GEN[ ]

7. Annual Family Income (from all sources): ……………………………………………………………

8. Address for :

<table>
<thead>
<tr>
<th>Correspondence</th>
<th>Permanent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Pin code</td>
<td></td>
</tr>
<tr>
<td>Tel No.</td>
<td></td>
</tr>
<tr>
<td>Email ID</td>
<td></td>
</tr>
</tbody>
</table>

9. Details of Examination passed :

<table>
<thead>
<tr>
<th>S.No</th>
<th>Name of the exam passed</th>
<th>Name of the Board / University</th>
<th>Year of Passing</th>
<th>Total Marks</th>
<th>Marks Obtained</th>
<th>% age obtained</th>
<th>Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>SSC/ Xth Std.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>HSC/XII Std.</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td>Any other</td>
<td></td>
<td></td>
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</tbody>
</table>
Declaration:
I hereby declare that all the information provided by me in this application, to the best of my/ our knowledge, are true, complete and correct. If found incorrect or false my candidature may be treated as cancelled at any stage.

Applicant’s Signature :…………………… Parent/ Guardian’s Signature……………………

Note : self attested copy of caste, domicile and income certificates, mark sheets etc should be enclosed with the application form.

Fee Structure

<table>
<thead>
<tr>
<th>S.No</th>
<th>Particulars</th>
<th>Amount</th>
<th>Payment to be made</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Charges for library, Resource room, local exposure visits and Developmental charges</td>
<td>Rs. 6000/-</td>
<td>Per Year</td>
</tr>
<tr>
<td>2</td>
<td>Tuition fee</td>
<td>Rs. 33,700/-</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>Rs.39,700/-</strong></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>*Caution fee</td>
<td>Rs. 5000/-</td>
<td>*Once in two years ( to be refunded after the successful completion of the programme )</td>
</tr>
</tbody>
</table>

1. Two separate Demand Drafts need to be submission of Rs. 39,700/- & Rs. 5000/- respectively each in favour of **“Amar Jyoti Charitable Trust”** payable at New Delhi.

2. Examination fee as decided by the Board of Examination appointed by Rehabilitation Council of India will be paid by the candidate.

3. The fee refund cannot be claimed or permitted if the candidate joins the course and withdraws after 48 hours of the admission.

4. The amount for application form is non – refundable.
Note:

1) Self attested copies of caste, domicile and income certificates, mark sheet etc should be enclosed with the application form.

2) If applicant is with disability or is parent sibling of children with Disability please submit the Disability Certificate of the same.

3) Please enclose the Guardian / Local Guardian address proof & Photo ID

4) The candidate can download the application form from the Amar Jyoti website: www.amarjyotirehab.org and submit the duly filled form ........................

Acknowledgement

Office copy

Form No………………

Received Application from …………………………… S/o D/o/W/o………………………… for admission to (Name of the Course):…………………… For the academic session 2018-19.

DD No:………………………., Amount ……………………… Date………………

Bank Name:………………,

Date :………………….

Receiver’s Signature

Candidates Copy

Form No………………

Received Application from …………………………… S/o D/o/W/o………………………… for admission to (Name of the Course):…………………… For the academic session 2018-19.

DD No:………………………., Amount ……………………… Date………………

Bank Name:………………,

Date :………………….

Receiver’s Signature