

Application No:



MOTHER TERESA WOMEN'S UNIVERSITY
Kodaikanal - 624 101
Ph: 04542-240772



Full Time - 2 Year Programme

Application for Admission to M.Ed Special Education (MR) - Women only

Approved by Rehabilitation Council of India-No:17-615/M.Ed.Spl.Ed (MR)/14/RCI

Reg. No :

(To be filled in by the Office)

Affix Photo unsigned
but attested by
Gazetted Officer

(After filling the application form (original form) to be submitted to the Registrar, Mother Teresa Women's University, Kodaikanal 624102 and Xerox Copy to be submitted to the Head of the Department, Department of Education, Mother Teresa Women's University, Kodaikanal-624101)

1. Name of the Applicant in **BLOCK LETTERS**

.....

Father's Name and Occupation

.....

Mother's Name and Occupation

2. Address for Communication

.....

Pin

Telephone:

Mobile

Email ID:

3. Date of Birth

4. Married / Unmarried

5. Community (SC / ST / MBC / DNC / BC / OC)

6. Reservation quota, if any, under which admission is sought

Differently Abled Ex-Service Man

7. College from which Graduated

8. Extra-Curricular Activities interested:

9. Qualifying Degree Major

Declaration

I declare that the particulars given above are true and that I shall, if admitted, abide the rules of the University.

Station :

Date : Counter Signature of the Parent / Guardian Signature of the Candidate

FOR OFFICE USE (To be filled by Administrative Office) Admission Granted: Yes / No Date of Receipt:

Note:

Enclose the following attested documents along with the Application Form

1. Community certificate
2. Transfer Certificate
3. Secondary School Leaving Certificate (SSLC)
4. Higher Secondary School (HSC)
5. First Degree: all mark sheets
6. PG Degree: all mark sheets
- 7. B.Ed Spl.Edn (MR): all mark sheets**
8. Demand Draft (DD) drawn in favour of The Registrar, Mother Teresa Women’s University payable at Kodaikanal.

Note: If the application is downloaded, the application cost of Rs. 500/- should be added



MOTHER TERESA WOMEN'S UNIVERSITY
KODAIKANAL - 624 101



Hall Ticket for Entrance Exam

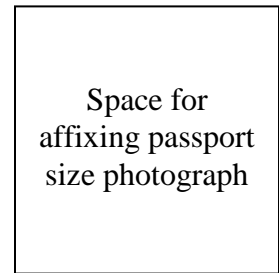
(Fill this and return it with the application)

Address of the candidate

Certified that the photograph affixed is of
Selvi.....
and she has signed in my presence.

Pin Code.....

Phone.....



Signature of the Candidate

Signature

Date:

Name, Designation and Address
of the Attesting Authority

To be filled by the University authority

Register No:

Place of Entrance Exam

Date:

Time:

REGISTRAR

Note: 1) Permission to appear for the

Exam does not guarantee admission which will
be decided on the conditions of eligibility given in the information to candidates, in
addition to merit based on marks.

2) This should be preserved even after Entrance Exam and produced at the time of
admission if, selected.