



**RAMAKRISHNA MISSION VIVEKANANDA UNIVERSITY
FACULTY OF DISABILITY MANAGEMENT AND SPECIAL EDUCATION**

SRKV Post, Perianaickenpalayam, Coimbatore, Tamil Nadu - 641 020, INDIA

Phone: 0422 - 2697529, 2697530, 2698553, Fax: 0422-2692353,

E-mail: fdmedu@gmail.com, Website: www.vihrdc.org

Register No.

APPLICATION FORM

Form No.

Diploma in Theatre Arts for Holistic Development

1. Full Name of Candidate (in Capital Letters):
(Name to be written as per Matric/Higher Secondary Certificate)
2. Details about Father/Mother/Guardian:
Name:
Occupation: Annual Income:
Permanent Address:
.....
PIN Code Landline No. with Area Code:
Mobile No. of the Parent / Guardian: Mobile No. of the Candidate:
e-mail of the Parent / Guardian: e-mail of the Candidate:
3. Nationality: State of Domicile:
4. Date of Birth:, age as on 1st June,

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YEAR MONTH DAY
5. Marital Status
- 6.* Category (FC / BC / MBC / SC / ST / Other State) Caste
7. Years of Experience in the fields of Special Education:
8. Years of Experience in the fields of Theatre Arts:
- 9.* Achievements in related field, if any
10. Are you a challenged person? Yes / No ; If yes, describe your condition
11. Are you a parent / relative of child with special needs? Yes / No : Describe his / her condition

Affix
passport size
Photograph

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Admission Slip		To be filled by Office
Name of the candidate	_____	
Course	_____	
Hostel / Day scholar	_____	
Date of admission	_____	Signature

12. Details of qualifying examinations (education and other requirements, please fill in appropriate rows depending on your course of choices)

Qualifying Exam Passed	Name of University / Board	Year of passing	Marks Obtained	Total Marks	%
a. X Std.					
b. XII Std.					
c. UG Degree (Mention the Degree)					
d. PG Degree (Mention the Degree)					

Enclosures: (Must enclose certified photocopies of the following)

1. X Std. Certificate (for date of birth)
2. Certified Qualifying Examination Mark Sheet
3. Three latest stamp size photographs
4. Caste Certificate (in the case of BC/MBC/SC/ST)
5. Transfer Certificate (Xerox copy). Originals to be submitted at the time of selection.

NOTE: Forms that are incomplete and without the above enclosures will be rejected.

UNDERTAKING

I have thoroughly read and understood all the details in the prospectus and I am fully aware of the selection procedure, and I also undertake to abide by all the conditions mentioned in the prospectus.

I solemnly declare that all the information provided and documents furnished by me as attached enclosures are factual and that no information has been withheld/concealed. If found to be otherwise, I am prepared to be rusticated from the Institute and accept all the consequences thereof. I shall abide by the decision of the Institute in that regard.

Place :

Date :

Signature of Candidate

UNDERTAKING BY THE PARENT/GUARDIAN

I _____ Father / Mother / Guardian of the applicant
_____ am fully aware of the rules and procedures mentioned in the prospectus and rule book of the Institute and, being satisfied, I am seeking admission for my ward in your institute assuring you that he/she will abide by them.

Place :

Date :

Signature Father / Mother / Guardian

Note: Cost of application ₹ 250.00
DD for ₹250.00 should be taken in favour of "RKMVU-FDMSE" payable at Coimbatore
Send the filled in application form to the above mentioned address.