

ADMISSION FORM

**GOVT. TRAINING CENTRE FOR ADULT BLIND, SONEPAT (HARYANA)
(SOCIAL DEFENCE & SECURITY DEPARTMENT HARYANA)**

Note:- Please read the form carefully and give correct information. Score what is unnecessary? Non Residents of Haryana need not apply.

1. Name of Applicant (In Block Letters) _____
2. Name of Father/Guardian _____
3. Date of Birth (In Christian era) _____
4. Religion _____ 5. Whether SC/BC _____
6. Since how long you have been residing in Haryana _____
7. Monthly Income of Father/Guardian with proof _____
8. Permanent Address _____

9. Present Address _____

10. Trade/Course in which admission is sought by the applicant. _____
11. Previous Education/Training of Applicant:

Sr. No.	Name of School	Date of Joining	Leaving	Passed
12. Date of onset of blindness _____
13. Cause of Blindness _____
14. Degree of residual vision if any _____
15. Other handicaps is any _____

(Enclosed blindness Certificate signed by Medical College Dr./Civil Surgeon/Eye Specialist in Govt. Hospital.

Sign./Thumb Impression of applicant

Dated.....

Sign./Thumb Impression of Father/Guardian of the applicant

DECLARATION

I hereby solemnly declare that the particulars mentioned above are correct to the best of my knowledge and belief. I further declares that the date of birth mentioned above of the applicant is correct & is in accordance with the date registered in M.C. Record or by village chowkidar.

Sign./Thumb Impression of Father/Guardian of the applicant

Attestation of Gazzetted Officer

Recommendation of :S.D.O. (C)/Tehsildar/B.D.P.O./City Magistrate/Distt. Social Welfare Officer for admission.

Designation with Stamp.