

**N.K.T. NATIONAL COLLEGE OF EDUCATION FOR WOMEN****(AUTONOMOUS)**

Affiliated to Tamilnadu Teachers Education University
 Re-Accredited with 'A+' Grade by NAAC (III Cycle)
 41, Dr. Besant Road, Triplicane, Chennai - 600 005.

Photo
Stamp Size

Application No.

M.Ed. APPLICATION FORM

Reg No.

2024 - 2025

Cost of Application Rs.500/-

for SC/ST Candidates Rs.300/-

| | |
|---|--|
| 1. Name of the Candidate (in Tamil) as per SSLC Certificate | |
|---|--|

| | |
|---|--|
| Name of the Candidate (in English) as per SSLC Certificate (IN CAPITAL LETTERS) | |
|---|--|

| | | | | | |
|------------------|--|--------|--|--------------|--|
| 2. Date of Birth | | 3. Age | | 4. Community | FC / BC(M) / MBC / SC / SC(A) / SCC / ST |
|------------------|--|--------|--|--------------|--|

| | | | | | |
|----------|--|-------------|--|----------------|--|
| 5. Caste | | 6. Religion | | 7. Nationality | |
|----------|--|-------------|--|----------------|--|

| | | | |
|----|------|------------|---------------|
| 8. | Name | Occupation | Annual Income |
|----|------|------------|---------------|

| | | | |
|----------|--|--|--|
| Father's | | | |
|----------|--|--|--|

| | | | |
|----------|--|--|--|
| Mother's | | | |
|----------|--|--|--|

| | | | |
|---------------------------|--|--|--|
| Guardian's (Relationship) | | | |
|---------------------------|--|--|--|

| | |
|------------------------------|-------------------|
| 9. Address for Communication | 10. Mother Tongue |
|------------------------------|-------------------|

| | | |
|--|--|----------|
| | 11. Are you physically handicapped? if yes, specify the nature of handicap with percentage | Yes / No |
|--|--|----------|

| | | |
|--|---|----------|
| | 12. Are you the daughter of an Ex-serviceman of Tamilnadu Origin? | Yes / No |
|--|---|----------|

| | | |
|-----|-------------|----------|
| PIN | 13. Married | Yes / No |
|-----|-------------|----------|

| | | |
|-------------------------------------|-----------|----------|
| Phone Number:- Landline: Mobile: | 14. Widow | Yes / No |
|-------------------------------------|-----------|----------|

| | | | |
|---|-------------------------------|---|-----------------|
| 15. Highest Qualification obtained with subject | M.A. / M.Sc. / M.Phil. / Ph.D | 16. Medium of instruction preferred in M.Ed. Course | English / Tamil |
|---|-------------------------------|---|-----------------|

| | |
|---------------------------------------|----------|
| 17. Do you need Hostel Accommodation? | Yes / No |
|---------------------------------------|----------|

18. Note : Marks should be entered as per the Mark Sheets

| Sl. No. | Course | Subject | Medium | Name of the School / College | Name of the University / Board | Reg. No. | Year of Passing | % of Marks in 2 decimals |
|---------|--------------------------------|---------|--------|------------------------------|--------------------------------|----------|-----------------|--------------------------------|
| 1. | SSLC | | | | | | | |
| 2. | Hr. Sec | | | | | | | |
| 3. | UG | | | | | | | Main & Ancillary Subjects only |
| 4. | PG | | | | | | | |
| 5. | B.Ed. | | | | | | | Theory Practical |
| 6. | M.Phil. (Other than Education) | | | | | | | |
| 7. | Ph.D. (Other than Education) | | | | | | | Commended / Highly Commended |

19. List any three extra curricular activities in which you are good

- 1.
- 2.
- 3.

I declare that the details given above are true to the best of my knowledge. If any false details are found, I understand that my selection will be cancelled. If I am admitted, I will abide by the rules and regulations of the college and I will not undertake any job or undergo any course as part time or full time student. If i discontinue my study, I will remit the full fees to the college before taking my Transfer Certificate.

Signature of the Candidate

Date:

FOR OFFICE USE ONLY

| | | |
|---|--|--|
| Community | | Certificate Verified |
| Percentage of Marks in Degree Course Part III alone | | 1. Transfer Certificate |
| NSS / NCC / Sports Addl Marks | | 2. Medical Certificate |
| Marks for Highest Qualification PG / M.Phil. / Ph.D. | | 3. Degree Mark Sheets |
| Total Marks for Ranking | | 4. Degree / Provisional Certificate |
| Rank | | 5. PG Mark Sheets |
| Quota | | 6. PG Degree / Provisional Certificate |
| | | 7. Community Certificate |
| Verified by | | |
| Admitted in M.Ed. degree course in _____ Subject under _____ quota. | | |
| SIGNATURE OF THE PRINCIPAL | | |

Note : Admissions will be based on M.Ed. Programme Guidelines pertaining to the Academic Year **2024 - 2025** released by the Higher Education Department, Government of Tamil Nadu.

MEDICAL CERTIFICATE



Note: Certificate signed only by a Government Civil Surgeon / Assistant Civil Surgeon will be accepted.

I have duly examined..... who has applied for M.Ed. admission to N.K.T. NATIONAL COLLEGE OF EDUCATION FOR WOMEN (Autonomous) affiliated to Tamilnadu Teachers Education University and the details given below is the record of my examination

| | | | | |
|-----|----------------------------------|-----|--|--------------|
| 1. | Height | ... | | |
| 2. | Weight | ... | | |
| 3. | Chest Measurement | ... | with lungs expanded with lungs contracted | |
| 4. | Malnutrition | ... | | |
| 5. | Anaemia | ... | | |
| 6. | Dental Disease | ... | | |
| 7. | Defective Vision | ... | without glasses | with glasses |
| 8. | Defection Hearing | ... | | |
| 9. | Defective Speech | ... | | |
| 10. | Disease of Eye (or blindness) | ... | | |
| 11. | Disease of Nose | ... | | |
| 12. | Disease of Throat | ... | | |
| 13. | Disease of Ear | ... | | |
| 14. | Disease of Heart | ... | | |
| 15. | Disease of Lungs | ... | | |

| | | |
|-----|---|-----|
| 16. | Tuberculosis (State organ affected Suspected / Definite) | ... |
| 17. | Epilepsy, Hysteria, other diseases of the Nervous system. | ... |
| 18. | Defects or disease of bones | ... |
| 19. | Leprosy and other skin diseases | ... |
| 20. | Diseases of the Abdominal system or defect | ... |
| 21. | Other diseases or defect | ... |
| 22. | History of illness (state nature) | ... |
| 23. | Marks of Vaccination | ... |
| 24. | General Condition | ... |
| 25. | Blood Group | ... |
| 26. | Allergy if any | ... |

I certify that has no physical deformity or disease constitutional affliction or bodily deformity and that in my opinion she is fit to undergo training as a Teacher.

Her age isyears according to her own statement and by appearance.

2. Marks of Identification (1)
(2)

Signature of ApplicantSignature

Medical Officer

Station..... Qualification
Date Reg. No.
..... Address

N.K.T. National College of Education for Women

Triplicane, Chennai - 600 005.

REGISTRATION CARD

2024-2025

Your application form has been registered in this College. You are asked to quote the following registration number for any of your future correspondence with us, regarding your admission.

Reg. No.

Note: This card should be enclosed along with your application form, affixing a stamp of Rs.6/- and with your address for communication duly filled.

PRINCIPAL

Post Card

affix
Rs.6/-
Stamp

To _____

PIN