



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

Affiliated to Tamil Nadu Teachers Education University
Re-Accredited with 'A+' Grade by NAAC (III Cycle)
41, Dr. Besant Road, Triplicane, Chennai - 600 005.
B.Ed. SPECIAL EDUCATION (Visual Impairment)

Photo
Stamp Size

Application No.

**APPLICATION FORM
2025 - 2026**

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. Do you have NSS 10 days Special Camp Participation Certificate?										Yes / No
16. Do you have N.C.C. Certificate? (B or C)										Yes / No
17. Do you have certificate in sports, at the University / District / State / National Level?										Yes / No
18. Main Subject		UG Course					19a. Percentage of marks in main subject in UG course (Part III alone) (Main and Ancillary papers)			
		PG Course					19b. Percentage of marks in PG Course			
20. Name of the University		UG:			20. Month and year of Passing			UG Course :		
		PG:						PG Course :		
22. Highest Qualification obtained with subject					M.A. / M.Sc. / M.Phil. / Ph.D					

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

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
4.	PG							
5.	M.Phil. (Other than Education)							
6.	Ph.D. (Other than Education)							Commended / Highly Commended
23. Medium of instruction in B.Ed. Course					English / Tamil			
25. Do you need Hostel Accommodation?					Yes / No			

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 Parent or Guardian with Name:

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
Quota		5. PG Mark Sheets
		6. PG Degree / Provisional Certificate
		7. Community Certificate
Verified by		
Admitted in B.Ed. degree course in _____ Subject under _____ quota.		
SIGNATURE OF THE PRINCIPAL		

Signature of the Selection Committee

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Signature of the Principal

Note : Admissions will be based on B.Ed. Special Education (Visual Impairment) Programme Guidelines pertaining to pertaining to the Academic Year **2025 - 2026** 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 B.Ed. Special Education (Visual Impairment) 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

2025-2026

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