

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 (ID) - 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

Indicate the Centre

Kodaikanal

Chennai

Madurai

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

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Father's Name and Occupation

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Mother's Name and Occupation

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2. Address for Communication

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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: .....

**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**

**EXCLOSURE:** (Xeroxed)

1. Evidence for Date of Birth
2. Mark Statement for 10<sup>th</sup> and +2
3. Community Certificate
4. Transfer Certificate
5. Conduct Certificate
6. Consolidated Mark Statement for B.Ed Special Education
7. Provisional Certificate / Degree Certificate
8. Income Certificate
9. Aadhar Card
9. Bank Pass Book Front Page with IFSC and MICR Code

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

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**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

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-----  
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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.