

**ADMISSION FORM FOR DIRECT ADMISSION TO CERTIFICATE AND DIPLOMA LEVEL
COURSE FOR THE ACADEMIC SESSION 2025-26**

**JIBANJYOTI COLLEGE OF SPECIAL EDUCATION (OR-031)
JYOTI NAGAR, GOBIND PUR, DHENKANAL, ODISHA-9437188107**

Email : jibanjyoticollege.se@gmail.com, Website :www.jwamph.org

Form no. :

Photograph of
the applicant
35X45cm

Application form for admission to : **D.Ed.Spl.Ed(IDD)**

1	Student's Name						
2	Father's Name						
3	Mother's Name						
4	Date of Birth	/ /					
5	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Transgender	<input type="checkbox"/>
6	Nationality						
7	Aadhar Number						
8	Category	Gen	<input type="checkbox"/>	OBC	<input type="checkbox"/>	SC	<input type="checkbox"/>
9	PWD	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
10	If yes, mention UDID no or UDID enrolment no						
11	Do you belongs to EWS category	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
12	Permanent Address				Correspondence Address		
	Village						
	Post Office						
	District						
	State						
	Pin Code						
13	Mobile No :				E-mail ID :		

14. Educational Qualification:

Name of the examination passed	Board/University	Year of Passing	Total Marks	Mark obtained	% of obtained	Subjects
10 th						
12 th						
Any other						

Declaration

I hereby declare that all the information and documents furnish by me is true and correct to the best of my knowledge and belief. In the event of any information being found incorrect or misleading, my candidature shall be liable for cancelation for admission by the NBER, RCI or concerned training institute at any stage.

(Name and Signature of the applicant)

(Note: Self attested copy of Caste, Educational Qualification and UDID (pwd) certificate (If applicable), any other relevant documents to be enclosed along with the Application Form)