



Form No.

**Foundation for Action, Motivation & Empowerment**  
#156, 36<sup>th</sup> Cross, 2<sup>nd</sup> Main, Jayanagar 7<sup>th</sup> Block, Bangalore- 560082  
**Phone: +91-80-22446622/22446623**  
**E-mail: [fameacademy@fameindia.org](mailto:fameacademy@fameindia.org) Website: [www.fameindia.org](http://www.fameindia.org)**

**Academic Session 2017-18**

Self attested  
photograph of  
applicant

**APPLICATION FOR ADMISSION TO Certificate Course in Special Education**

1. Name of the applicant: \_\_\_\_\_
2. Name of the Parent/ Guardian \_\_\_\_\_
3. Date of Birth (dd/mm/yy): \_\_\_\_\_ Age in years & months: \_\_\_\_\_
4. Gender: Male/ Female/ Others \_\_\_\_\_ Marital Status: \_\_\_\_\_
5. Nationality: \_\_\_\_\_ Domicile: \_\_\_\_\_
6. Category: SC  ST  OBC  PH  GEN
7. Annual Family Income (From all sources): \_\_\_\_\_
8. Address for:

	Correspondence	Permanent
State		
Pin code		
Tel No		
Email ID		

9. Details of examinations passed:

S.N.	Name of the exam passed	Name of the Board/University	Year of Passing	Total Marks	Marks Obtained	%age Obtained	Subjects
1.	SSC/X Std.						
2.	HSC/ XII Std						
3.	Any other						

**Declaration:**

I hereby declare that all the statements made by me in this application, to the best of my/our knowledge, are true, complete and correct. If found incorrect or false my candidature/admission may be treated as cancelled in any stage.

Applicant's Signature: \_\_\_\_\_ Parent/ Guardian's Signature: \_\_\_\_\_

## Acknowledgement

Form No. \_\_\_\_\_

**Foundation for Action, Motivation & Empowerment**  
#156, 36<sup>th</sup> Cross, 2<sup>nd</sup> Main, Jayanagar 7<sup>th</sup> Block, Bangalore- 560082  
Phone: +91-80-22446622/22446623  
Website: [www.fameindia.org](http://www.fameindia.org)  
E-mail: [fameacademy@fameindia.org](mailto:fameacademy@fameindia.org)

Received Application from: \_\_\_\_\_ S/o/ D/o/W/o \_\_\_\_\_

For admission to (Name of the course) \_\_\_\_\_ for the academic course 2017-18

Date:

Receiver's Signature