

(Rule 4)

**GOVERNMENT OF PONDICHERRY
DIRECTORATE OF SOCIAL WELFARE**

**Application for admission into the special school for blind,
deaf and mutes, Pillaichavady**

1. Name (in block letters) of the student
2. Sex
3. Date of birth (birth certificate should be enclosed)
4. Nationality, religion and caste
5. (i) Name of father/guardian and address (in block letters). If guardian, state relationship
- (ii) Occupation of the parent/guardian
6. Nature of handicap and particulars thereof (Whether blind/deaf/dumb may be specifically stated)

Brief note on previous medical treatment, if any
7. Particulars of previous education, if any (with proof)
8. (a) Name of the Institution last attended
- (b) Class in which studied
- (c) Date of joining
- (d) Date of leaving
9. Mother tongue and other language known
10. (i) Whether the parent or guardian is willing to send the child to school as boarder or day scholar?
- (ii) Annual income of the parent/guardian (income certificate should be obtained and enclosed from any revenue official not lower than the rank of a Deputy Tahsildar) :

DECLARATION

I, _____ S/o./D/o./W/o. _____
hereby declare that the above particulars furnished by me are true and correct to the best of my knowledge.

Signature of parent/guardian.

- Note :**
- (a) A certificate from an Ophthalmic/ENT Specialist of the Government Hospital to the effect that the applicant/child is blind, deaf or mute, in Form II should be enclosed.
 - (b) The parent/guardian is expected to bring the child to school on the date communicated to him for interview at his/her own cost.
 - (c) Any subsequent changes of address should be communicated to the Superintendent then and there.

FORM—II

[Rule 4 (2) (c)]

CERTIFICATE OF THE MEDICAL OFFICER

(To be filled in by an Ophthalmic/ENT Specialist of the Government Hospital)

- 1. Name of the applicant
- 2. Probable cause of blindness/deafness*/dumbness
- 3. Degree of handicap at present
- 4. Present condition
- 5. If there be any vision/hearing/speech* is it likely to deteriorate?
- 6. Is the applicant suffering from any other handicap?
- 7. Blindness/deafness/dumbness* acquired at the age of
- 8. General condition of physical health
- 9. Is the applicant suffering from any contagious or infectious diseases?

Signature of the Medical Officer.

*Strike out whichever is not applicable.

Name in block letters with designation

FORM—III

[Rule 4 (2) (d)]

UNDERTAKING

I,

..F/o./M/o./Guardian of Selvan/

Selvi (Admission No. in standard) hereby undertake that I shall take my child home whenever asked to do so by the Head of Institution and abide by the Rules and Regulations of the Institution in force and as amended from time to time.

Signature of parent/guardian