



INSTITUTE OF BEHAVIORAL SCIENCES

G.NARAYANAN EDUCATIONAL TRUST GROUP OF INSTITUTIONS

1, 5th Street, Dr.Thirumurthy Nagar, Nungambakkam, Chennai – 600034. Ph : 044 – 28212828. Email: contactibs@care.ac.in

Course affiliated to The Tamilnadu Dr.M.G.R. Medical University, Guindy, Chennai
Institutional Affiliation Code #389 Date 30/09/2010

POST GRADUATE DIPLOMA IN LEARNING DISABILITIES

(Incomplete Applications will be rejected)

Cost of application form: Rs.500/- **Payable as DD in favour of CARE Institute of Behavioral Sciences**

Name of the Course :

Year of Admission :

1. Name of the Applicant :

(in **Capital Letters**, as entered in the Qualifying Degree Certificate)

2. Sex

: Male / Female

D D M M Y E A R

3. Date of Birth and Age

(Proof should be attached)

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4. (a)Name of the Father / Guardian

:

(b)Name of the Mother

:

5. Community

(SC/ST/BC/MBC must attach xerox copy of the certificate)

:

6. Date of Joining the Course(to be filled in by the Institution) :

7. Name of the Institution and the Course for which the candidate has now applied for Registration

:

8. i) **Address for Communication** with Pincode

:

:

:

(a)Phone Number with STD Code

:

(b)Mobile No:

(c)E-mail ID:

ii) **Permanent Address** with Pincode

:

:

:

(a)Phone Number with STD Code

:

(b)Mobile No:

(c) E-mail ID:

Recent passport size photograph with signature of the Candidate

9. Education (Enclose a Xerox copy of your degree certificate)

Qualification of the Applicant	Month & Year of passing the Examination with Register Number	Month & Year of Convocation in which Degree was obtained

10. College or Institution from where the applicant qualified :

11. If the candidate had passed Degree Examination from a University other than this University/outside the State of TamilNadu furnish the following particulars :

a)The name of the University from where the Candidate qualified for Degree Examination :

b)The State in which the University is situated :

c)Migration Certificate :

12. *Eligibility Certificate Number and Date :

- *{Not required for Candidates who have passed from
1. The Tamilnadu Dr.M.G.R. Medical University
 2. University of Madras
 3. Bharathiyar University, Coimbatore
 4. Madurai Kamaraj University, Madurai
 5. Bharathidasan University, Tiruchirapalli }

13. The following documents should be produced in original along with the prescribed fees

1. Degree Certificate
2. Transfer Certificate
3. Community Certificate
4. *Eligibility Certificate (where applicable)
5. Migration Certificate
6. Proof for Date of Birth
7. Nativity Certificate for P.G.Diploma in Learning Disability candidates

14. (a) Blood Group

(Certificate from a competent person :
should be enclosed)

(b) Willingness to donate blood : YES / NO

(c) If Yes, Contact Phone No :

FOR OFFICE USE ONLY

Signature of the Director
CARE Institute of Behavioral Sciences.

DECLARATION BY THE CANDIDATE

I declare that the above mentioned particulars are true and I will not claim / ask for any change with regard to any of the particulars furnished above.

I agree to abide by the rules and regulations of the University/Institution as framed from time to time.

Signature of the Candidate with Date.

CERTIFICATE BY THE HEAD OF THE INSTITUTION

The above mentioned details are certified to be true after due verification with the relevant documents and I hereby recommend the Candidate for registration.

Place :

Signature of the Head of the Institution

Date :

Seal :
