

Bethania Rehabilitation Centre for the Disabled

Philip's Hill, Kumarapuram, Trivandrum-695 011

APPLICATION FOR ADMISSION

1. Name of applicant(in capital)	
2. Full address with Telephone Number	
3. Date of birth with age	
4. Religion with Community	
5. Scheduled caste or scheduled tribe or other backward community, copy of caste certificate.	
6. Details of Disability(AwK-ssh-leyw hni-Z-ambn Fgp-X-Ww)	
7. Trade in which admission is sought for:- Computer, Type Writing, Book Binding, Tailoring & Craft	Choice 1. 2.
8. Educational Qualifications- True Copy of Certificates if any Conduct Certificate.	
9. Have any Vocational Training undergone? Period of Training. Give details- Any stipend Benefit received? If yes, from State Govt. Central Govt.?:	
10. Whether you are in receipt of pension for the disabled from Govt. of Kerala, if so, the amount of pension.	
11. Name and address of Guardian with relationship to the applicant, Occupation and annual income.	

I hereby declare that the information furnished above are true to the best of my knowledge and belief and I undertake to abide by the rules and regulations of the institution

Place:

Signature of Applicant

Date:

Signature of Guardian

For Office Use

Admission No :

Signature of Secretary

Date of Admission:

Signature of the President

Trade :