

FORM : 1



# MADHYA PRADESH BHOJ (OPEN) UNIVERSITY

ITI (Gas Rahat) Building, Govindpura, Bhopal 462023

## Application Form For Admission Post Graduate Professional Diploma in Special Education (PGPD-SEDE)

FORM No. PGP0 –SEDE: K 8-

Affix  
your latest  
passport size  
photograph  
(4cm x 5cm)  
duly attested  
by you

1. Programme Code **PGPD-SEDE**

2. Programme Fee DD Details

DD No.	DD Date			DD Amount (in Rs.)	Issuing Bank Name & Code
	Date	Month	Year		
				<b>Rs. 5,000/-</b>	

3. State Code :

4. Study Centre Code in order of preference in which the candidate wants admission : *(Select the Study Centre which runs the opted Disability Area as choosen in I.No.5)*

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

5. Code and Name of Disability Area in which the Candidate wants to specialise :

Code :

Name :

6. Name

  


7. Father's/Husband's Name/  
Mother's Name

(strike out whichever is not applicable)

  


8. a) Address for  
correspondence

(Do not give Box No. address. Leave a blank box between each unit of address like House No., Street Name, P.O., etc

  
  


Pin Code

b) Telephone No. (if any)

c) Fax No. (if any)

d) E-Mail No. (if any) \_\_\_\_\_

9. Date of Birth

Date		Month		Year			

10. Nationality

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11. Country of Residence

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12. Sex Code

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14. Category Code

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13. Educational Qualifications : (Please attach attested photocopies of certificates/degrees along with mark-sheet)

Examination Passed	Year of Completion	Subjects	% of Marks Obtained	Board/University
1. Matriculation				
2. Higher/Sr.Secondary				
3. Graduation Sc/Arts/Com)				
4. B.Ed (General/Special)				
5. PG				
6. Research Degree				
7. Any other				

14. I fulfill following condition (s) (Tick  $\checkmark$  whichever applicable)

(a) I possess MPBOU-RCI B.Ed.-SEDE Degree :

(b) I possess B.Ed (Special Education) Degree recognized by RCI :

(c) I possess B.Ed. Degree in General Education :

15. Teaching Experience: Nature of Present Employment : Regular/Temporary

Name of Institution With Address	Type of Institution Public/Private	Post Held	Level of Teaching Prim/Sec/HSec	Period of Employment in Years and Months

Date : \_\_\_\_\_

\_\_\_\_\_

*Signature of Candidate*

**FORM : 2**

**Certificate of Employment**  
**(On a Letter-Head of any registered standard School)**

**Name of the Candidate** :

**Employment Specifications:** :

1. Name of the employing Educational Institution :
2. Nature of Educational Institution : Public/Private/NGO/ .....
3. Registration No. (if Private or NGO):
4. Period of service experience : From .....To.....

**This is to certify that above statement is correct to the best of my knowledge.**

**Signature of the Head of the Institution**

**Date:**

**Seal**

Checked and forwarded

**Signature of the Coordinator  
of the Study Centre**

**Date:**

**Seal**

**FORM : 3**

**Category Certificate**  
*(For SC/ST/OBC/PH candidates)*

This is to certify that Mr./Ms. \_\_\_\_\_  
Son/daughter/wife of Shri \_\_\_\_\_ of Village \_\_\_\_\_  
Town \_\_\_\_\_ District \_\_\_\_\_ State/U.T. \_\_\_\_\_  
belongs to \_\_\_\_\_ caste category which is recognised as a  
Scheduled Caste/Scheduled Tribe/OBC under the Constitution (Scheduled Caste Part C States) Order 1951  
read with the SC/ST lists (Modification) Order, 1956.

Mr./Ms. \_\_\_\_\_ and his/her family reside in village Town  
\_\_\_\_\_ District \_\_\_\_\_ State/U.T. \_\_\_\_\_

Signature of Tehsildar/Commissioner/District Magistrate

Place : \_\_\_\_\_ Name \_\_\_\_\_

Date : \_\_\_\_\_ Seal/Stamp \_\_\_\_\_

**FORM : 4**

**DECLARATION BY APPLICANT**

I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfil the minimum eligibility criteria and have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable to cancellation by the university at any time and I shall not be entitled to refund of any fee paid by me to the university.

Date : \_\_\_\_\_  
\_\_\_\_\_  
Signature of Candidate

**FOR MPBOU OFFICE USE ONLY**

Received by 

POST	HAND
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Date of receipt of the Form \_\_\_\_\_

Eligible/Not Eligible \_\_\_\_\_

**Signature of receiving Official**