## **APPLICATION FORM FOR B.ED. SPECIAL EDUCATION** (HEARING IMPAIRMENT) UNDER SCERT, MIZORAM, AIZAWL



1. 21.	Name (In block letters)	ST SOFRI SOFRI SOFRI SOF	
2.	Date of Birth	SOFRI SOFRI SOFRI	Passport Size Photograph
3.	Name of Father/Guardian	BUSOBERI SOERI SOERI SOE	8r
4.	Name of Mother	OBRESCERT SCERT SCERT S OBRESCERT SCERT SCERT S OBRESCERT SCERT SCERT S	
5.0°	Address: (1) Permanent	SCERT SCERT SCERT	RESCREPT SOFRESS
ERT	(2) Present	ERI SOFRI SOFRI SCERISC	OFRI SOFRI SOFRI
6.0	Contact Details: Phone No Email	SOURT SOURT SOURT SOURT	USCERT SOERT SOERT SO
7.	Category to which belong (please tick) SC / ST / OBC / Ger	neral/PwD	CERT SCERT SCERT

8. Religion Marital Status

9. Academic Records:

Name of Examination	Year	Division		%	Board/ University	Board/University Registration No.
HSLC or equivalent	SCERT I SCERT	SOERI SO	SERIES CERT SCERE	SOFRI SOFRI	CERT SCERTS	SOBRI SO
HSSLC or equivalent	CERT SOF	ERT SCERT	SOLERI SOLETISOLERI SOLERI	ERI SOF	AT SOERT SOERT SOERT SOERT SOERT SO	RI SOERI SOERI SI ERI SOERI SOERI SI
B.A/B.Sc/B.Com or equivalent	SOL BRI	SOERT SOERT SO	URI SOLERI SOLERI SOLERI SOLERI SOLERI S OLERI SOLERI SOLERI SOLERI SOLERI SOLERI S OLERI SOLERI SOLERI SOLERI SOLERI SOLERI S	SCERT SC	CERT SCERT S SCERT SCERT S	CERT SCERT SCERT
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## **IMPORTANT DATES:**

## 1. Documents to be submitted:

- Attested copies of Marksheets & Certificates HSLC onwards
  - SC/ST/OBC Certificate
  - Disability Certificate (If any)
    - Passport size photograph (to be pasted on admit card)

2. Last date of submission of Application forms	I SCERT	28 <sup>th</sup> June, 2024
3. Selection of candidates to appear for Entrance Test	RT SOER	2 <sup>nd</sup> July, 2024
4. Issue of Admit Card	CERTSU	2 <sup>nd</sup> & 3 <sup>rd</sup> July, 2024
5. Entrance Test	SCERT	4 <sup>th</sup> July, 2024
6. Publication of Entrance Test Results	RT SOER	11 <sup>th</sup> July, 2024
7. Admission	ER SUS	12 <sup>th</sup> – 19 <sup>th</sup> July, 2024
8. Commencement of new session	SCERI	1 <sup>st</sup> week of August

## **APPLICANT DECLARATION**

I, \_\_\_\_\_\_ hereby declare that the information given in this application form is correct and done by me in sound mind and I agree to abide by the rules laid down from time to time by the SCERT.

Signature	SOULTS SOULS
Name (Block letter	S) 1 S CHR SCHRT
Place	SOFRESSOFERSSOFE
Date RI SCHRUSS	H S CERT SOLAT S