



APPLICATION FORM FOR ADMISSION TO THE EXAMINATION FOR B.Ed. (Hearing Impaired)

(From 2001-2002)

For Office use Only

To,

The Controller of Examinations,
University of Pune, Pune-411007.

Batch No.			
Sr. No.			

Sir,

I desire to appear for B.Ed. (Hearing Impaired) Examination to be held in March / April 200 .

EXAMINATION DETAILS

1. Examination appearing for (tick right entry) (✓)	Both Part I Part II	Part I only	Part II only
	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>

2. Name of the College : _____

3. Name of the Centre at which appearing : _____

4. SC ST OBC DT/NT Not Applicable	Male	Female	5. Previous Name Changed Yes <input type="checkbox"/> Y No <input type="checkbox"/> N
	C T O D	1	

***[Applicant from South India and Upcountries should write the name as it should appear in University records.]**

6. *Name : _____
(in Block Capital letters) Surname Name Father's/Husband's Name Mother's Name

7. Name in Devnagari Script : _____

8. TO BE FILLED BY REPEATER STUDENTS ONLY :

(i) Latest previous appearance for B.Ed. (Hearing Impaired) Examination at University of Pune
Year Month Seat No.

(ii) Permanent Registration Number, if applicable

9. I have selected following Methods for final lessons (Write the name of selected methods) :

Group I History/Geography
OR
Mathematics/Science
Group II Marathi

Examination Fee	Rs. _____
C.A.P. Fee	Rs. _____
Statement of Marks Fee	Rs. _____
Passing Certificate Fee	Rs. _____
Special Late Fee	Rs. _____
Total of Exam. Fee Paid	Rs. _____

10. No. of courses for which you are appearing

11. Details of qualifying examination :
Name of the Degree Name of the University Year & Month of Passing Year in which first degree taken

12. Permanent Address : Pin Code No.

13. **Declaration :** I hereby declare that I have gone through the syllabus and the list of books for the examination. I shall be responsible for any errors and wrong or incomplete entries made by me in the form. I shall not request for any special concession such as a change of name, time or day fixed for the University examination etc. on religious or any other ground.

Name of the Subject	Tick here only if you are appearing for the subject	Fill in following details only if you are claiming exemption			
		*Tick here if claiming exemption for the subject	Details of attempt at which you had obtained 50% or more marks		
			Year	Seat No.	Marks Obtained
PART-I					
I Nature and Needs of various Disabilities	101 <input type="checkbox"/>	1011 <input type="checkbox"/>			80
II Education in Emerging Indian Society	102 <input type="checkbox"/>	1021 <input type="checkbox"/>			80
III Educational Psychology and person with Disabilities	103 <input type="checkbox"/>	1031 <input type="checkbox"/>			80
IV Educational Planning & Management Curriculum Designing Research	104 <input type="checkbox"/>	1041 <input type="checkbox"/>			80
Specialisation - I					
V Teaching Language, Communication and School Subjects to the Hearing Impaired	111 <input type="checkbox"/>	1051 <input type="checkbox"/>			80
VI Audiology and Aural Rehabilitation	112 <input type="checkbox"/>	1061 <input type="checkbox"/>			80
VII Introduction to Speech & Speech Teaching to Hearing Impaired	113 <input type="checkbox"/>	1071 <input type="checkbox"/>			80
Specialisation - II					
VIII Marathi Contents and Methods of Teaching	121 <input type="checkbox"/>	1081 <input type="checkbox"/>			80
IX Contents and Methods of Teaching Group I History/Geography Group II Science/Mathematics	122 <input type="checkbox"/>	1091 <input type="checkbox"/>			80
PART-II					
X Internal Tests	201 <input type="checkbox"/>	2011 <input type="checkbox"/>			90
XI Tutorials	202 <input type="checkbox"/>	2021 <input type="checkbox"/>			90
PART-III					
XII Practice Lessons	301 <input type="checkbox"/>	2031 <input type="checkbox"/>			100
XIII Technical Training	302 <input type="checkbox"/>	2041 <input type="checkbox"/>			70
XIV Field Work	303 <input type="checkbox"/>	2051 <input type="checkbox"/>			80
PART-IV					
XV Final Speech Lessons	401 <input type="checkbox"/>	2061 <input type="checkbox"/>			50
Final Lessons (Methods) (1) (2)		2071 <input type="checkbox"/>			100
				TOTAL	1300

- Note :
- (i) Certified true copies of the mark statement of the above examination should be attached otherwise the exemption will not be granted.
 - (ii) No change of exemption in the subject claimed in the above column will entertained after declaration of result.

Date :

Signature of the Candidate

Name of the Candidate : _____

Certificate to be signed by the Principal of the College :

- (i) I certify that the above named candidate is /was a student of this college.
- (ii) that above named candidate has completed—

Internal test and tutorials :

- Core-Training Programme including Integration Lessons.
- Special Training Programme Practice Lessons.
- Course related practical Work, Course I to XV.
- Organisation and Participation in Co-curricular activities.

- (iii) I am satisfied that he/she is eligible to appear at the said examination as per University rules.

Place : _____

Date : _____

Seal and signature of the Principal of the College.

Certificate to be signed by the Principal College of Hearing Impaired
(Applicable to Repeater Students only.)

I certify that Shri/Smt. _____
has put in a minimum attendance of one term necessary for his/her work.

Place : _____

Signature _____

Date : _____

Principal _____ College of Education
(Hearing Impaired)