



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

(From 2007-2008)

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 style="width: 30px;" type="checkbox"/>	02 <input style="width: 30px;" type="checkbox"/>	03 <input style="width: 30px;" type="checkbox"/>

2. Name of the College : _____

3. Name of the Centre at which appearing : _____

4.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">SC</td> <td style="width: 10%;">ST</td> <td style="width: 10%;">OBC</td> <td style="width: 10%;">DT/NT</td> <td style="width: 10%;">Not Applicable</td> </tr> <tr> <td style="text-align: center;">C</td> <td style="text-align: center;">T</td> <td style="text-align: center;">O</td> <td style="text-align: center;">D</td> <td></td> </tr> </table>	SC	ST	OBC	DT/NT	Not Applicable	C	T	O	D		5.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Male</td> <td style="width: 50%;">Female</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	Male	Female	1	2	Previous Name Changed	Yes	<input style="width: 20px;" type="checkbox"/>
SC	ST	OBC	DT/NT	Not Applicable																
C	T	O	D																	
Male	Female																			
1	2																			
						No	<input style="width: 20px;" type="checkbox"/>													

***[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)

7. Name in Devnagari Script : _____
Mother's Name

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

Examination Fee Rs. _____

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

Group I	Marathi <input style="width: 30px;" type="checkbox"/>	Hindi <input style="width: 30px;" type="checkbox"/>	English <input style="width: 30px;" type="checkbox"/>			
Group II	History/Geography <input style="width: 30px;" type="checkbox"/>	OR			Passing Certificate Fee	Rs. _____
	Mathematics/Science <input style="width: 30px;" type="checkbox"/>				Special Late Fee	Rs. _____

10. No. of courses for which you are appearing

Total of Exam. Fee Paid Rs. _____

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.

[P.T.O

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		Marks Obtained
		Year		Seat No.		
PART I						
I	Nature and Needs of Various Disabilities - and Introduction	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 and Management, Curriculum Designing and Research	104 <input type="checkbox"/>	1041 <input type="checkbox"/>			80
Specialisation-I						
V	Facilitating language, Communication development in children with Hearing Impairment	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 And Speech Teaching To Hearing Impaired	113 <input type="checkbox"/>	1071 <input type="checkbox"/>			80
Specialisation-II						
VIII	Any One Language Method of these Marathi Contents and Methods of Teaching	121 <input type="checkbox"/>	1081 <input type="checkbox"/>			80
	English Contents and Methods of Teaching	122 <input type="checkbox"/>				
	Hindi Contents and Methods of Teaching	123 <input type="checkbox"/>				
IX	Contents and Methods of Teaching other subjects		1091 <input type="checkbox"/>			80
	Group I History / Geography OR	131 <input type="checkbox"/>				
	Group II Science / Mathematics	132 <input type="checkbox"/>				
PART II						
X	Internal Tests	201 <input type="checkbox"/>	2011 <input type="checkbox"/>			40
XI	Tutorials	202 <input type="checkbox"/>	2021 <input type="checkbox"/>			40
PART III						
XII	Speech & Auditory Training	301 <input type="checkbox"/>	2061 <input type="checkbox"/>			50
	Method 1 - Marathi	311 <input type="checkbox"/>	2071 <input type="checkbox"/>			100
	Method 1 - Hindi	312 <input type="checkbox"/>				
	Method 1 - English	313 <input type="checkbox"/>				
	Method 2 - History & Geography	321 <input type="checkbox"/>				
	Method 2 - Sci. & Maths.	322 <input type="checkbox"/>				
PART IV						
XIII	Teaching Practice	401 <input type="checkbox"/>	2031 <input type="checkbox"/>			180
XIV	Technical Training	402 <input type="checkbox"/>	2041 <input type="checkbox"/>			360
XV	Field Work	403 <input type="checkbox"/>	2051 <input type="checkbox"/>			110
					Total	1600

- 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, named in part III & IV.
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 Physical Education
(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)