



# STELLA MATUTINA COLLEGE OF EDUCATION

Re-accredited (3<sup>rd</sup> Cycle) by NAAC at 'A' Grade with CGPA: 3.48  
(AUTONOMOUS)

Kamaraj salai, Ashok Nagar, Chennai - 600 083, Ph. No. 044 - 24894262

## B.Ed APPLICATION FOR 20 - 20

Major Subject :

Stamp - Size  
Photo

### Application No.

1. Name of the Applicant in Block Letters (English) as given in SSLC

Name of the Applicant (in Tamil)

2. Date of Birth

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

3. Age

4. Community

|    |                          |    |                          |     |                          |    |                          |    |                          |     |                          |     |                          |
|----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|-----|--------------------------|-----|--------------------------|
| OC | <input type="checkbox"/> | BC | <input type="checkbox"/> | MBC | <input type="checkbox"/> | SC | <input type="checkbox"/> | ST | <input type="checkbox"/> | SCA | <input type="checkbox"/> | BCM | <input type="checkbox"/> |
|----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|-----|--------------------------|-----|--------------------------|

5. Caste

6. Religion RC / Christian / Hindu / Muslim / Others

7. Nationality

8. Mother Tongue :

9. Aadhar No.

10. Area

|       |                          |       |                          |
|-------|--------------------------|-------|--------------------------|
| Urban | <input type="checkbox"/> | Rural | <input type="checkbox"/> |
|-------|--------------------------|-------|--------------------------|

11. Father's Name:

Mother's Name:

11 a. Occupation & Annual Income of Father / Guardian:

12. Are you physically handicapped if yes nature of handicap with percentage (enclose copy)

|     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

13. Are you Daughter of Exservicemen of Tamil Nadu Origin (enclose copy)

|     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

14. Married

|     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

15. Widow

|     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

### 16. Address for Communication

Pin code

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Mobile:

Phone:

Email. ID:

17. Do you need Hostel accommodation

|     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

18. Medium of Instruction at the High School Level

### 19. Academic Details:

19a. X Marks & Percentage

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

19b. XII Marks & Percentage

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

### 19c. U.G Degree Details:

Main Subject

% of Marks in Main Subject (Part III)

Name of the College and University

Month & Year of Passing

| <b>19d. P.G. Degree Details</b>  |  |
|--|--|
| Main Subject   |  |
| % of Marks   |  |
| Name of the College and University   |  |
| Month & Year of Passing  |  |
| <b>20. Enclosures (Photostat copies)</b>   |  |
| a. SSLC Mark Sheet   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Hr. Sec. Mark sheet   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. UG Degree Mark Sheets   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. PG Degree Mark Sheets   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e. Degree / Provisional Certificate  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f. Community Certificate   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| g. Income Certificate New  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| h. Transfer Certificate  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| i. NSS / NCC / Sports Certificate  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| j. Ex-Servicemen Certificate   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| k. Visually / Physically challenged Certificate (if any)   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| l. Aadhar Card Xerox (must)  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other details if any:-   |  |
| I declare that the particulars furnished above are correct and that I will abide by the rules and regulations. |  |
| Parent / Guardian's Signature  | Signature of Applicant                                   |

# MEDICAL CERTIFICATE

- Note: 1. Only certificates signed by registered medical practitioners will be accepted.  
2. The Education Department does not permit the admission of Students having and physical deformity.

I have duly examined Selvi / Tmt .....  
applicant for admission to Stella Matutina College of Education, Chennai and given below the record of  
my examination. Any evidence of a physical handicap (lameness, myopia, deafness etc.)

|  |   |
|--|---|
| 1. Height  |   |
| 2. Weight  |   |
| 3. Chest   | with lungs expanded / with lungs contracted |
| 4. Malnutrition  |   |
| 5. Deformity   |   |
| 6. Dental Disease  |   |
| 7. Defective Vision  | without glass/withglass                     |
| 8. Defective heart   |   |
| 9. Defective speech  |   |
| 10. Disease of Eye (or blindness)                              |   |
| 11. Disease of Nose  |   |
| 12. Disease of Throat  |   |
| 13. Disease of Ear   |   |
| 14. Disease of Heart Anaemia                                   |   |
| 15. Disease of Lung  |   |
| 16. Tuberculosis (State organ affected) (Suspected / Definite) |   |
| 17. Epilepsy, Hysteria other disease of the bones              |   |
| 18. Defects of disease of bones                                |   |
| 19. Leprosy and other skin disease                             |   |
| 20. a) Abdominal system disease of defect                      |   |
| b) Recent history of typhoid, jaundice etc.                    |   |

|   |  |
|---|--|
| 21. Other disease or defect                                 |  |
| 22. History of illness with in the last year (state nature) |  |
| 23. Certificate of vaccination and date of vaccination      |  |
| 24. General condition                                       |  |
| 25. Pregnancy   |  |

I certify that ..... has  
no physical deformity and that, in my opinion she is fit to undergo the course

**Station :**

**Signature .....**

**Date :**

**Qualification.....**

**Address.....**