



STELLA MATUTINA COLLEGE OF EDUCATION

(AUTONOMOUS)

Re-Accredited (4th Cycle) by NAAC at 'A' Grade
Kamaraj salai, Ashok Nagar, Chennai - 600 083, Ph. No. 044 - 24894262

M.Ed APPLICATION FOR 20 - 20

Stamp - Size
Photo

Major Subject :

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

3. Age

4. Community

5. Caste

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

7. Nationality

8. Mother Tongue : 9. Aadhar No.

10. Area

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)

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

14. Married 15. Widow

16. Address for Communication

Pin code Mobile: Phone:

Email. ID:

17. Do you need Hostel accommodation

18. Medium of Instruction at the High School Level

19. Academic Details:

19a. X Marks & Percentage 19b. XII Marks & Percentage

19c. U.G Degree Details:

Main Subject

% of Marks in Main Subject (Part III)

Name of the College and University

Month & Year of Passing

19d. P.G. Degree Details

Main Subject	
% of Marks	
Name of the College and University	
Month & Year of Passing	

20. Enclosures (Photostat copies)

a. SSLC Mark Sheet	Yes	☐	No	☐
b. Hr. Sec. Mark sheet	Yes	☐	No	☐
c. UG Degree Mark Sheets	Yes	☐	No	☐
d. PG Degree Mark Sheets	Yes	☐	No	☐
e. Degree / Provisional Certificate	Yes	☐	No	☐
f. Community Certificate	Yes	☐	No	☐
g. Income Certificate New	Yes	☐	No	☐
h. Transfer Certificate	Yes	☐	No	☐
i. NSS / NCC / Sports Certificate	Yes	☐	No	☐
j. Ex-Servicemen Certificate	Yes	☐	No	☐
k. Visually / Physically challenged Certificate (if any)	Yes	☐	No	☐
l. Aadhar Card Xerox (must)	Yes	☐	No	☐

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.....