



# Indian Sign Language Research and Training Centre (ISLRTC)

Department of Empowerment of Persons with Disabilities, Divyangjan  
Ministry of Social Justice & Empowerment, Govt. of India  
A- 91, 1<sup>st</sup> Floor, Nagpal Business Tower, Okhla Phase- II, New Delhi- 110020  
Telephone: 26387558/59, Email- [islrtnewdelhi@gmail.com](mailto:islrtnewdelhi@gmail.com)

Annexure-I

APPLICATION FOR ADMISSION TO (Name of the Course): \_\_\_\_\_

**Note: 1. incomplete form will not be considered.**

**2. Attach attested copy of birth / caste / PD / Academic / School leaving documents, as applicable**

Application no. \_\_\_\_\_ (For office use)

Self attested  
photograph

1. Name of the candidate : \_\_\_\_\_

2. Name of the Parent / Guardian : \_\_\_\_\_

3. Date of Birth (dd/mm/yy): \_\_\_\_\_ Age in years & months : \_\_\_\_\_

4. Gender : M / F \_\_\_\_\_

5. Married / Unmarried : \_\_\_\_\_

6. Nationality : \_\_\_\_\_ Domicile : \_\_\_\_\_

7. Category : GEN  OBC  SC  ST

8. Do you seek reservation under EWS?: Yes  NO

9. Percentage of Deafness: \_\_\_\_\_

10. Do you belong to Physical Disability (PD) Category : Yes  No

Percentage of Disability: \_\_\_\_\_

11. Annual Family Income (from all sources ) \_\_\_\_\_

12. DD No. \_\_\_\_\_ Rs. \_\_\_\_\_ Name of the bank \_\_\_\_\_

13. Address for correspondence :

\_\_\_\_\_  
\_\_\_\_\_

State: \_\_\_\_\_ Pin: \_\_\_\_\_

Tel. No: (with STD code): \_\_\_\_\_ Mobile No. \_\_\_\_\_

Other contact numbers: \_\_\_\_\_

E-mail ID: \_\_\_\_\_

**14. Permanent Address:**

\_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_\_ Pin: \_\_\_\_\_

Tel. No: (with STD code): \_\_\_\_\_

**11. Details of examinations passed:**

Name of the exam passed	Name of the Board/University	Year of Passing	Marks Allotted	Marks obtained	Percent obtained	Subjects
SSC/10 <sup>th</sup> Std.						
HSC/12 <sup>th</sup> Std.						

**Details of Other Qualifications**


**Experience (if any) in the field of Rehabilitation Services/ Special Education/ Indian Sign Language**

Sr.No.	Name of the organization	Post held	Experience	
			From	To

***Declaration:***

I hereby declare that all the statements made by me in this application, to the best of my knowledge, are true, complete and correct. If found incorrect or false my candidature/ admission is liable to be canceled at any stage of course/ academic year.

Name of the Candidate: \_\_\_\_\_ Signature: \_\_\_\_\_

**List of documents to be attached (self attested):-**

- a) 10<sup>th</sup> mark sheet and certificate
- b) 12<sup>th</sup> mark sheet and certificate
- b) 4 Passport size latest colored photograph
- c) Caste certificate if applicable
- d) Income/Land certificate to seek reservation under EWS category
- d) Disability certificate (Deaf- Mandatory)
- e) Disability certificate (PD, if applicable)
- e) Entrance Exam Fee- A Demand Draft of Rs. 400/- in favor of **Indian Sign Language Research and Training Centre**, payable at **New Delhi**