

# St. Louis Institute for the Deaf & the Blind

(Higher Secondary School for the Deaf and Higher Secondary School for the Blind)

CANAL BANK ROAD, GANDHI NAGAR, ADYAR, CHENNAI - 600 020. TEL : 044-24910886

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SL. No. 1476

## APPLICATION FOR ADMISSION



ADMISSION NO. : .....

STD : ..... SEC. : ..... Medium : .....

\*EMIS NO. : .....

\*Unique Disability ID No. : .....

\*Aadhar Card No. : .....

Recent  
Passport Size  
Photograph

1. Name of the applicant : .....  
(BLOCK LETTERS in English)  
IN TAMIL : .....
2. Date of Birth : .....
3. Sex :  Male  Female
4. Nationality & State : .....
5. Religion & Caste : .....
6. Community :  OC  BC  MBC  SC  ST  DNC  Others
7. Mother Tongue : .....
8. Identification Marks : 1. ....  
2. ....
9. Name of the Father : Mr. ....  
(a) Occupation : .....  
(b) Address : .....  
..... Ph .....
- (C) Annual Income : .....
10. Name of the Mother : Mrs. ....  
(a) Occupation and Address : .....  
..... Ph.....  
(b) Annual Income : .....
11. Permanent Address : .....  
..... Ph.....
12. Name of the Guardian : Mr. / Mrs. ....  
(a) Occupation : .....  
(b) Address : .....  
..... Ph.....

13. The Class to which admission is sought : .....
14. (a) Cause of Deafness / Blindness : .....
- (b) The age at which it occurred : .....
- (c) Percentage of Deafness / Blindness : .....
- (d) Any other disability : .....
15. Whether any of the pupil's relations have this defect :  Yes  No
16. Blood Group : .....
17. Whether the parents of the pupil are blood cousins :  Yes  No
18. Nature of admission :  Boarder  Day Scholar
19. Hearing Loss Average :  40 - 80 dB  80 - 100 dB  above 100 dB  
(The Hearing Impaired candidate should produce an Audiogram along with the application)
20. (a) Name of the school last studied : .....
- (b) Classes studied : from ..... Class To ..... Class
- (c) Period of studies : from ..... Month ..... Year - to ..... Month ..... Year
- (d) Medium studied : .....

Station : *Signature of the Applicant* *Signature of the Parent / Guardian*

Date :

**The following Certificates should be produced at the time of Interview with 5 sets of xerox copies**

- |                                |                          |  |                          |
|--------------------------------|--------------------------|--|--------------------------|
| 1. Mark Certificate            | <input type="checkbox"/> | 8. Disability Certificate - Blind / Deaf | <input type="checkbox"/> |
| 2. Transfer Certificate (T.C.) | <input type="checkbox"/> | 9. Audio Gramme                          | <input type="checkbox"/> |
| 3. Income Certificate          | <input type="checkbox"/> | 10. DDAWO NATIONAL ID Card - Book        | <input type="checkbox"/> |
| 4. Community Certificate       | <input type="checkbox"/> | 11. Passport size Photograph (10 nos.)   | <input type="checkbox"/> |
| 5. Birth Certificate           | <input type="checkbox"/> | 12. Unique Disability ID Card            | <input type="checkbox"/> |
| 6. Aadhar Card                 | <input type="checkbox"/> | 13. Bank Pass Book First Page            | <input type="checkbox"/> |
| 7. Ration Card / Smart Card    | <input type="checkbox"/> | (with A/c. No. / MICR Code / IFSC Code)  |                          |

**FOR OFFICE USE ONLY**

Admission No. : .....	Date of Admission : .....
Admitted to School : .....	Course & Year : .....
Date on which fees paid : .....	Receipt No. : .....
Blind Section : .....	Class & Sec. : .....
Deaf Section : .....	Medium : .....

*Certificate Checked by*

*Principal's Signature with date*