

Cost of Form : Rs. 15/- only

SERIAL NO. :



NATIONAL ASSOCIATION FOR THE BLIND

(HARYANA STATE BRANCH)

Central Green, K. C. Road, N. I. T. Faridabad - 121 001 (HR.) INDIA

Phone : 0129-2416883, 2416394, 2412619

APPLICATION FORM FOR TRAINING COURSE



Training Course Applied for :

Duration of Training :

Period of Training :

PERSONAL DATA

1. Name in Full (in Block Letters) :

2. Sex (Tick as appropriate) : Male Female

3. Marital Status (Tick as appropriate) : Single Divorced
Married Widowed

4. Father's/Husband's Name :

5. Date of Birth :

6. Place of Birth :

7. Educational Qualification :

8. Any other Qualification :

9. Present Address :

Tele No. (If any) :

10. Permanent Address :

Tele No. (If any) :

11. Name and Address of :

School/College last attended :

12. Do you intend to pursue your studies further? If yes, give details :

13. Can you read and write in Braille ? (Tick as appropriate) : Yes No

14. Are you totally blind or partially sighted ? :

15. Are you medically fit or do you suffer from any disease ? If yes, give details :
:

16. Have you received any training from this Institute earlier ? If yes, give details :
:

17. If you do not belong to Faridabad, give name, relationship, address & Telephone No. of your nearest guardian :
:
:

18. If selected, are you prepared to enter into an agreement with this Institute to complete the training (Tick as appropriate) : YES NO

Date

Signature / Thumb Impression of the applicant

Signature of Parent / Guardian

RECEIVED

(Authorised Signatory)



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Instructions for applicants :

1. Please go through the details of training offered given at the back of this form carefully before filling up the form.
2. The form is required to be completed in full. Incomplete form will not be considered.
3. One latest passport size coloured photograph will be pasted at the space provided and one additional photograph will be attached with the form.
4. Attach photocopy of Educational and any other qualification duly attested by a Gazetted Officer.
5. Attach photocopy of your handicap certificate from Chief Medical Officer duly attested by a Gazetted Officer.
6. Application will be submitted latest by last date of submission indicated. Application received after the last date will not be considered.
7. Applicant should be between 18-35 years of age.
8. The criteria for selection to Typing cum Shorthand training course will be successful completion in written Braille test and interview. For other training courses, the criteria for selection will be based on merit in interview only.
9. Photostat copy of the Application form is not acceptable.

DETAILS OF TRAINING OFFERED

S. No.	Training Offered	Duration in Months	Months of Commencement	Minimum Educational Qualification	Last Date/ of Submission of Application Forms	Seats Available
1.	Home Science (For Women & Girls only)	6 Months	Jan & July every year	Not Applicable	15 Nov. and 15 May	10 Nos.
2.	Typing cum Shorthand (Eng. & Hindi)	12 Months	July every year	10 + 2	15 May	14 Nos.
3.	Recanning	6 Months	Jan & July every Year	Not Applicable	15 Nov. and 15 May	10 Nos.
4.	Computer Training	6 Months	Jan & July every year	10+2	15 Nov. and 15 May	20 Nos.
5.	Music & Singing	-	-	-	-	with part of other training

FACILITIES PROVIDED TO TRAINEES :

1. No training fee is charged.
2. Free boarding and lodging.
3. Free medical facility for minor ailment.
4. Separate lodging for women and girls in women's hostel with free to and for conveyance.