

**ADMISSION FORM FOR DIRECT ADMISSION TO CERTIFICATE AND DIPLOMA LEVEL
COURSE FOR THE ACADEMIC SESSION 2024-25**

(Rs. 200/- for sighted and free for PWD)

Form No. _____

The Blind Relief Association, Delhi

Lal Bahadur Shastri Marg, Near Oberoi Hotel, New Delhi-110003

Tel- 011-24361376, 24360480, 24364730

Email- admission@blindrelief.org, Website: www.blindrelief.org

Photograph of the
applicant

35x45 mm

Application form for admission to (name of the course): _____

1	Student's Name	
2	Father's Name	
3	Mother's Name	
4	Date of Birth	
5	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>
6	Nationality	
7	Aadhar Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8	Category	Gen <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/>
9	PwD	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Are you Parent/sibling of Pwd	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	If yes, mention UDID number or UDID Enrolment number	
12	Do you belong EWS Category	
13	Permanent Address	
	Address	
	Village/City	
	District	
	State	
	Pin Code	
14	Mobile Number 1:	Mobile Number 2:
	Email ID:	

15. Educational Qualification:

Name of the Examination passes	Board/ University	Year of passing	Total Marks	Marks Obtained	% obtained	Subject(s)
10 th						
12 th						
Any Other						

Declaration

I hereby declare that all the information and documents furnished by me is true and correct to the best of my knowledge and belief. In the event of any information being found incorrect or misleading, my candidates be shall be liable for cancellation for admission by the NBER, RCI or concerned training institutes at any stage.

(Name and Signature of the Applicant)

Note: Self attested copy of caste, educational qualification and UDID (PwD) certificate (if applicable), any other relevant documents to be enclosed along with the application form.

Acknowledgement Slip

Form no. _____

**Name of the Training Institute with complete postal address, phone number,
Email ID and Website**

Received Application from S/oD/oW/o
..... for admission to
for the academic session 2024-25.

Date:

Name and signature of the

Place:

Course Coordinator/HoD