Seal of the issuing Institution

Affix a

passport size

photograph

showing the disability

No.

GOVERNMENT OF KARNATAKA DEPARTMENT OF TECHNICAL & MINING EDUCATION

APPLICATION FORM & INSTRUCTIONS FOR ADMISSION TO FIRST YEAR DIPLOMA COURSE UNDER MERIT POOL SEATS FOR THE YEAR 2014-2015

ΙN

ಜಿಎಸ್ಎಸ್ ಅಂಗವಿಕಲರ ಪಾಲಿಟೆಕ್ನಿಕ್, ಮೈಸೂರು

JSS POLYTECHNIC FOR THE DIFFERENTLY ABLED

(Formerly JSS Polytechnic for the Physically Handicapped) (An Autonomous Polytechnic Aided by the Govt. of Karnataka) $MYSORE-570\ 006$

(Note: Read Instructions carefully before filling the application form)

	(Note: Keaa In	siruciio	ns care	juny vejoi	ejiii	ıng	me	ирр	ucuu	սո յ	mm)			
To T	ne Principal, JSS Polytec	hnic for t	he Diffe	rently Abled	l, JSS	Tec	hnica	al Ins	stituti	ons' (Campus, Mys	sore –	570 006	
01.	O1. Name: Write below in the squares your name in BLOCK LETTERS . Write one alphabet per square and le square blank between your name and initials. (The name must be as given in your SSLC Marks Card)											d leave a		
02.	Date of Birth: Example, Write 14.08.97 as													
03.	Sex: Write 1 for Boy and 2 for Girl													
04.	04. State to which you belong: Example, if you belong to Karnataka, Write 12													
	ate Code Numbers:													
	Andhra		harkhand					. Pun						
2	. Arunachal Pradesh		Karnataka					22. Rajasthan						
-	Assam		13. K						23. Sikkim					
	Bihar		⁄Iadhya Prade	esh				24. Tamil Nadu						
	Chattisgarh		/Iaharashtra					25. Telangana						
	6. Goa			16. Manipur					26. Tripura					
	Gujarat			17. Meghalaya					27. Uttaranchal					
	8. Hariyana			18. Mizoram					28. Uttar Pradesh					
	Himachal Pradesh			19. Nagaland					29. West Bengal					
10. Jammu & Kashmir				20. Odisha 30. Union Territories										
05.	Native District, by birth (Example, if you belong to			n in col. 06 be	elow f	or K	arnat	taka S	State)			•••••		
06.	Name of the District of pa	assing S.S	S.L.C or I	Equivalent Ex	kam									
1	. Bangalore (Rural)	12. E	12. Dakshina Kannada						23. 1	Mysore		W		
2	. Bangalore (Urban)	13. E	13. Dharwad						24. I	Raichur		X		
3	. Belgaum	14. E	14. Davanagere						25. I	Ramanagara		Y		
4	. Bellary	15. C	15. Gulbarga						26. \$	Shimoga		Z		
5	. Bidar	16. C	16. Gadag						27.	Γumkur		AA		
6	. Bijapur	17. H	17. Hassan						28. U	Uttara Kannad	la	AB		
7		18. H	18. Haveri						29. I	Jdupi		AC		
8		19. K	19. Kodagu					S 30. Yadgir A						
9		I	20. K	-				T			-			
1	0. Chikkaballapur	J	21. K	21. Koppala										
	1. Chitradurga	K		Mandya				V						

	Name of	Profession	Annual Income from all sources
Father			
Mother			
Legal Guardian			
(b) Category / Group Example : If you	1 1 1		
 Scheduled Caste C-II B 	2. Scheduled Tribe6. C-III A	3. C-I 7. C-III B	4. C-II A8. Others
per the Governmen	it Order.		
9. Nature of Physical di	isability	·····	
9. Nature of Physical di	isabilitypaedically Handicapped, write as 1		
9. Nature of Physical di Ex. If you are Ortho 1. Orthopaedically F 4. Totally Blind	isabilitypaedically Handicapped, write as 1	red 3. Partially	Blind
 9. Nature of Physical di Ex. If you are Ortho 1. Orthopaedically F. 4. Totally Blind 0. Degree of disability . 	isabilitypaedically Handicapped, write as 1 Handicapped 2. Hearing Impair 2. Hearing Impair 3% 2. 50%, 3. 60%, 4. 70%, 5.	red 3. Partially	Blind
1. Orthopaedically F. 4. Totally Blind Orthopaedic: 1. 40 Ex: If you are 689	isability	and 3. Partially 3. 80% 6. 90% 7. 100%	Blind
1. Orthopaedically Ed. Totally Blind Orthopaedic: 1. 40 Ex. If you are Ortho 1. Orthopaedically Ed. Totally Blind Orthopaedic: 1. 40 Ex: If you are 689 Hearing Impaired: Ex: If your hearing Idea.	isability	3. Partially 80% 6. 90% 7. 100% the lower percentage 90db 5. 100db lower percentage.	/ Blind
1. Orthopaedically Ed. Totally Blind Orthopaedic: 1. 40 Ex: If you are Orthopaedic: 1. 40 Ex: If you are 689 Hearing Impaired: Ex: If your hearing lo	isability	80% 6. 90% 7. 100% the lower percentage 90db 5. 100db lower percentage.	Blind by Blind by Blind contact the second secon
1. Orthopaedically F. 4. Totally Blind 10. Degree of disability . Orthopaedic: 1. 40 Ex: If you are 689 Hearing Impaired: Ex: If your hearing logous Partially Blind / Logous Partially Blind / Logous Note: Candidates & Surgeon / ENT Surge and degree of disability are orthogonal process.	isability	3. Partially 80% 6. 90% 7. 100% we lower percentage 90db 5. 100db lower percentage. 0 (Snellen) in the better eye of the duly certified by Governments and of a Civil or District Sur	& up to total blindness. lical Certificate. ment / Recongized Orthopae regeon regarding both the nat

2. Number of FULL academic years studied in Karnataka from 1 st Std. to the qualifying exam Ex: Write 6 years as 0 6 10 years as 1 0											
13. Have you passed Karnataka SSLC Examination or its Equivalent Examination?											
Write 0 1 for Karnataka SSLC and 0 2 pr Equivalent Examination											
14. (a) Year of passing qualifying Examination (SSLC or Equivalent Examination)											
Write for Annual 2014 as A 1 4 for Supplementary 2013 as S 1 3											
(b) SSLC / Equivalent Examination Registration No.											
(c) Total Maximum Marks prescribed for all the subjects											
(d) Total Marks secured in all the subjects											
(e) Maximum Marks Prescribed for Science and Mathematics Subject											
(f) Marks Secured in Science and Mathematics Subject											
15. Write Medium of Instruction in SSLC or its equivalent exam											
16. (a) Have you studied English Language as one of the subjects in the Qualifying Examination?											
If "Yes" write 1 if "No" write 2											
(b) If yes, state the number of years you have studied English Language in the School/s											
17. Languages you can Speak, Read and Write other than English											
18. Choice of courses in the order of preference. Fill up the squares giving codes in the Order of preference.											
Example: If your 1 st Preference is Computer Science – write as											
A. Computer Science D. Jewellery Design & Technology E. Electronics & Communication Engineering F. Computer Applications for the Visually Impaired											
19. Particulars of Schools where you studied: Standard Year Name of the Institution Taluk District State											
I Standard Tear Ivane of the Institution Tanda District State											
п											
IV											
V											
VI											
VII											
VIII											
IX											

		Permanent Address							
Pin Code			Pin Code						
Phone No. with STD Code : Mobile No. E-mail: (if available)	Mobile No	Phone No. with STD Code: Mobile No. E-mail: (if available)							
List of Certificates attached (Attac If attached or not, state 'Yes' or '1									
 Category / Group (Caste) Cer Disability Certificate with ph 	tificate			: :		es / No es / No			
3. Rural Certificate4. Marks card of the Karnataka5. Eligibility Certificate (for No	SSLC or	Equiva		: 1 : :	Y	es / No es / No es / No)		
6. Migration Certificate (for No7. 5 or 10 Years Study Certifica(For Karnataka State Student	n-Karnat te			:	Y	es / No es / No)		
8. Transfer Certificate	<i>y</i> 0111 <i>j</i>)			:	Y	es / No)		
We hereby declare that the particula	provision	al sele ne, etc	ection and admis	sion is sub order and	ject to correc	all my	y origi r rules	nal ce	rtificate
We agree that confirmation of my declaration regarding caste, professi Directorate of Technical Education, where the declaration of the declaratio	Govt. of l	s per r				nat we	have	given a	any wr
declaration regarding caste, professi Directorate of Technical Education, of We also undertake that we are puni	Govt. of lashable as or admiss	s per r		found / pr	oved tl	nat we			any wr
declaration regarding caste, professi Directorate of Technical Education, of We also undertake that we are puni ncorrect statement, certificate, etc, for	Govt. of lashable as or admiss	s per r		found / pr	oved tl				any wr
declaration regarding caste, professi Directorate of Technical Education, of We also undertake that we are puni ncorrect statement, certificate, etc, for	Govt. of lashable as or admiss	s per r		found / pr	oved tl				any wr

20. Address of the Candidate: