



# STELLA MATUTINA COLLEGE OF EDUCATION

Re-accredited (3<sup>rd</sup> Cycle) by NAAC at 'A' Grade with CGPA: 3.48  
(AUTONOMOUS)

Kamaraj salai, Ashok Nagar, Chennai - 600 083, Ph. No. 044 - 24894262

## M.Ed APPLICATION FOR 20 - 20

Major Subject :

Stamp - Size  
Photo

### Application No.

1. Name of the Applicant in Block Letters (English) as given in SSLC

Name of the Applicant (in Tamil)

2. Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. Age

<input type="text"/>
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4. Community

OC	<input type="checkbox"/>	BC	<input type="checkbox"/>	MBC	<input type="checkbox"/>	SC	<input type="checkbox"/>	ST	<input type="checkbox"/>	SCA	<input type="checkbox"/>	BCM	<input type="checkbox"/>
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5. Caste

6. Religion RC / Christian / Hindu / Muslim / Others

7. Nationality

8. Mother Tongue :

9. Aadhar No.

10. Area

Urban	<input type="checkbox"/>	Rural	<input type="checkbox"/>
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11. Father's Name:

Mother's Name:

11 a. Occupation & Annual Income of Father / Guardian:

12. Are you physically handicapped if yes nature of handicap with percentage (enclose copy)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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13. Are you Daughter of Exservicemen of Tamil Nadu Origin (enclose copy)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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14. Married

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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15. Widow

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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### 16. Address for Communication

Pin code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mobile:

Phone:

Email. ID:

17. Do you need Hostel accommodation

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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18. Medium of Instruction at the High School Level

### 19. Academic Details:

19a. X Marks & Percentage

<input type="text"/>	<input type="text"/>
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19b. XII Marks & Percentage

<input type="text"/>	<input type="text"/>
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### 19c. U.G Degree Details:

Main Subject

% of Marks in Main Subject (Part III)

Name of the College and University

Month & Year of Passing

<b>19d. P.G. Degree Details</b>	
Main Subject	
% of Marks	
Name of the College and University	
Month & Year of Passing	
<b>20. B.Ed., Degree Details</b>	
College	
University	
Year of Passing	
Registration Number	
Class Obtained	
% of Marks in Theory	
% of Marks in Practicals	
<b>21. Enclosures (Photostat copies)</b>	
a. SSLC Mark Sheet	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Hr. Sec. Mark sheet	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. UG Degree Mark Sheets	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. PG Degree Mark Sheets	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. B.Ed Mark Sheets	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Degree / Provisional Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>
g. Community Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>
h. Income Certificate New	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. Transfer Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>
j. Ex-Servicemen Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>
k. Visually / Physically challenged Certificate (if any)	Yes <input type="checkbox"/> No <input type="checkbox"/>
l. Aadhar Copy (must)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other details if any:	
I declare that the particulars furnished above are correct and that I will abide by the rules and regulations.	
Parent / Guardian's Signature	Signature of Applicant

# MEDICAL CERTIFICATE

- Note: 1. Only certificates signed by registered medical practitioners will be accepted.  
 2. The Education Department does not permit the admission of Students having and physical deformity.

I have duly examined Selvi / Tmt .....  
 applicant for admission to Stella Matutina College of Education, Chennai and given below the record of my examination. Any evidence of a physical handicap (lameness, myopia, deafness etc.)

1. Height	
2. Weight	
3. Chest	with lungs expanded / with lungs contracted
4. Malnutrition	
5. Deformity	
6. Dental Disease	
7. Defective Vision	without glass/withglass
8. Defective heart	
9. Defective speech	
10. Disease of Eye (or blindness)	
11. Disease of Nose	
12. Disease of Throat	
13. Disease of Ear	
14. Disease of Heart Anaemia	
15. Disease of Lung	
16. Tuberculosis (State organ affected) (Suspected / Definite)	
17. Epilepsy, Hysteria other disease of the bones	
18. Defects of disease of bones	
19. Leprosy and other skin disease	
20. a) Abdominal system disease of defect	
b) Recent history of typhoid, jaundice etc.	

21. Other disease or defect	
22. History of illness with in the last year (state nature)	
23. Certificate of vaccination and date of vaccination	
24. General condition	
25. Pregnancy	

I certify that ..... has  
no physical deformity and that, in my opinion she is fit to undergo the course

**Station :**

**Signature .....**

**Date :**

**Qualification.....**

**Address.....**

## Instructions to the candidates

- The Cost of each application is Rs. 300/-
- Filled forms may be sent by post within 10 days to the address mentioned in the website contact.
- Further intimation will be sent to your email/phone.