

BARTIMAEUS RESOURCE CENTRE FOR VISUALLY IMPAIRED



Reg. No. 1241/04-05 Renewed 548/11-12
"Adamma" Nilayam, #32 'A' 10th Main Horamavu Main Road
Kalyan Nagar Post, Bangalore 560 043

Office Phone 080 25458927

Computer Training and Rehabilitation

PHOTO

2 copies

Course Application / Admission Form

1. Name of the Applicant:
(In Block Letters) _____

2. Sex _____ Date of Birth _____ Personal Mobile _____

3. Monthly Income of Applicant (pension etc.) _____

4. Marital status of Student: Married/Single _____

5. Date of Blindness _____

6. Have you been under treatment for any ailment in the past (if the answer is 'Yes' state the details of ailment and the treatment,.

date of onset _____ and date recovery _____

7. Other physical or mental disability, if any

8. How do you spend your Leisure time?

9. Can you travel, move independently? What are the aids used? White cane etc?

Range of travel/movement? Indoors _____ Outdoors _____

Do you have a discount Travel Certificate for Bus _____ / Train _____

10. Previous Education: Name of school

Date of joining _____ Date of leaving _____

Exam passed _____

11. Any vocational training?

12. What are your goals and aspirations? _____

FAMILY DETAILS

13. Father's/Guardian's Name _____ (state relationship) _____
& Address with pin code number (all in Block Letters)

Contact Phone No. / Mobile _____

14. Profession of Parent/Guardian _____

15. Monthly Income of Parent/Guardian _____

16. No. of brothers & sisters (elder & younger should be mentioned separately)

i) _____ ii) _____

— iii) _____ iv) _____

v) _____ vi) _____

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Signed/Thumb Print _____ Date: _____

Certificates Required

a) Blindness Certificate

b) Educational Certificate

c) Two passport sized photographs