

**GOVERNMENT OF HARYANA  
SOCIAL WELFARE DEPARTMENT HARYANA  
APPLICATION FORM FOR ADMISSION TO GOVT. INSTITUTE FOR THE BLIND,  
PANIPAT-132103(KARNAL)**

**NOTE:** You are requested to read the form and other rules carefully, give the correct Information because the revelation at any time about the suppression of facts Such as date of birth of you son/ward, your income or any other information Is punishable including the expulsion of your son/ward and recovering of money Spent on him during his stay in Institute.

AFFIX  
PHOTO

1. Name of the Student (In Block Letters) .....
  2. Name of the Student (in Hindi) .....
  3. Date of Birth .....
  4. Name of the Father  
(The name of the father is a must even if the form is filled by the Guardian.) .....
  5. Name of the Grand Father .....
  6. Permanent Address .....
  7. Present Address .....
  8. Profession/Occupation of father .....
  9. Monthly Income of the father .....
  10. Particulars of the Guardian, if he/she fills the form
    - a) Name .....
    - b) Address .....
    - c) Relationship with the student .....
    - d) Profession/Occupation .....
    - e) Monthly Income .....
- Particulars of the student
- a) Number of Brothers- Elder ( ) Younger ( )
  - b) Number of Sisters- Elder ( ) Younger ( )
  - c) Cause of Blindness .....

- d) Age when the student became blind (age onset) of the blindness .....
- e) Other physical/Mental Disability if any .....
- f) Brief History of Blindness in the family, if any .....
12. Brief Account of previous treatment, if any in Chronological order. ....
13. Give the following particulars about the child's ability (Give answer Yes/No)
- a) Whether he is able to dress himself .....
- b) Whether he is able to bathe himself.....
- c) Travel Independently .....
- d) Method of Travel .....
14. A brief Account of his adjustment at home .....
15. A brief Account of his adjustment in the neighbourhood .....
16. How he spends his leisure time? .....
17. Whether belong to SC/ST/BC Yes/No.....
18. Previous Education if any .....

Name of the School	Date of joining	Date of leaving	Class
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19. Any difficulty encountered in the above school, If so what? .....
20. Whether the child has been Braille if so, to what extent? .....
21. Mother tongue and other languages known .....
22. Class in which admission is desired .....
23. Whether the parents/guardian of the child will undertake to bring the child to school and tack back whenever asked to do so at his own cost. ....
24. Whether the child has been student of Govt. Institute for the Blind, Panipat previously, if So, why he left the School and why seek Re-admission. ....

**DECLARATION:-**

I hereby solemnly declare and affirm that all the particulars mentioned above are true to the best of my knowledge and belief.

Dated:

Signature of the parent/guardian

RECOMMENDATION IN DETAIL:

By S.D.O.(Civil)/Tehsildar/B.D.O. Clearly recommending the student for admission.

FOR OFFICE USE ONLY

- a) Date of admission: \_\_\_\_\_
- b) Class to which admission: \_\_\_\_\_
- c) Admission No. \_\_\_\_\_

SUPERINTENDENT

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DOCUMENTS REQUIRED FOR ADMISSION

Note:- This form should be accompanied by the following certificates.

1. Certificate of Domicile of Haryana.
2. A certificate on documentary evidence relating to the date of birth of the student.
3. A certificate from Eye-Specialist/Civil Hospital to the effect that applicant is blind within the meaning of the following definition.
  - i) Total absence of sight.
  - ii) Visual acuity not exceeding 6/60 or 20/200 (Snellen)
  - iii) Serious limitation in the field of vision, Generally not greater than 20 degrees.
4. Parent/Guardian's Income Certificate issued by the Gazetted Officer, Notary Public, or Member of Parliament of M.L.A.
5. Transfer/Leaving Certificate from the last school attended, if any.
6. Schedule Caste/Tribe Certificate/BC from any of the authorized Officers if applicable.
7. One recent passport size photograph of the student.

Note:-

**EVERY PARENT/GUARDIAN SHOULD ACCOMPANY THE CHILD AT HIS/HER OWN COST AT THE TIME OF ADMISSION**