



MPTCD: 011-26563984
AIFD : 011-23364766

All India Federation of the Deaf Multipurpose Training Centre for the Deaf

12/13, Special Institutional Area, Shaheed Jeet Singh Marg, Near J.N.U.,
New Delhi – 110067, E-mail: mptcd_delhi@rediffmail.com

APPLICATION FOR TRAINING COURSE

1. Name (in Block Letter)
Mr. / Miss / Mrs. _____
2. (i) Date of Birth _____
(ii) Place of Birth _____
3. Marital Status _____
4. Nationality _____
5. State of Domicile _____
6. Whether belong to SC/ST/OBC _____
7. Are you deaf/hard of hearing _____
(i) Have you undergone audiometry test _____
(ii) What is the degree of hearing loss _____
(iii) Do you use hearing aid: Yes/No
8. The language you know (Please tick mark)

	Speak	Read	Write
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Educational Qualification _____
10. Father Name _____ Profession _____ Income P.M. _____
11. Mother Name _____
12. Address _____

13. What do you intend to do after completion of the training course? _____
14. You need Hostel Accommodation: Yes / No
15. Any distinction in Sport / extra-curricular activities _____
16. Additional Remarks (if any) _____
17. Mobile No. _____

Attach your two
Passport
Size photographs

Signature of the Applicant

FOR OFFICE USE ONLY

Remarks by Officer-in-charge :