

WELFARE SOCIETY FOR THE BLIND
GEETA BASU TRAINING CENTRE
APPLICATION FORM

Name of Course -----

Name -----

Address -----

Date of Birth -----

Phone No. -----

Education Qualification -----

Extra Curriculum Activities -----

V. R. C. Card No. -----

Father's Name -----

Mother's Name -----

Monthly income of Family -----

Caste -----

Two Reference (other than relatives)

a] Name -----

Address -----

Phone No. -----

b] Name -----

Address -----

Phone No. -----

Percentage of visual Disability -----

DECLARATION

I do hereby that I am applying for the course stated above and that above information provided by me are true and that I will abide by the rules and regulations of the Society during the training period, if admitted to the course.

Date : -----

(Signature / LTI of Visually Challenged Person)

Principal Signature

Seal