

**KARNATAKA PARENTS' ASSOCIATION FOR MENTALLY RETARDED CITIZENS
(KPAMRC)**

12, 8th Main, 3rd Cross, Byrasandra Layout, Jayanagar 1st Block (East), Bangalore – 560 011
Telephone No: 22441289; Email: kpamrc@gmail.com

**Application for admission to
ADVANCED CERTIFICATE IN AUTISM SPECTRUM DISORDER
ACADEMIC YEAR: 2019 – 2020**

PRIMARY AIMS & OBJECTIVES

- 1.1 To provide trainees with the understanding of Autism as a major disorder that is escalating day by day across the world.
- 1.2 To equip them with the knowledge and skills to help students, teachers, parents and administrators of special/regular schools, as well as the community to cope with the situation.
- 1.3 To enable trainees to implement the strategies involved in the process, in order that individuals with autism can be included into the mainstream of special / regular education as well as into the community and work place.

COGNITIVE OBJECTIVES

- 1.4 To understand the complex cognitive and affective theories essential to supporting the person with Autism, and his/her family, in terms of causes, characteristics and specific problems.
- 1.5 To understand the communication, social and behavioural characteristics of persons with Autism, and the interventions, techniques and strategies involved.
- 1.6 To translate theory into practice and to critically evaluate evidence-based approaches and interventions.
- 1.7 Students will complete a 10,000 word dissertation plus 2 case studies and an intervention based activity project.)

2 EFFECTIVE OBJECTIVES:

- 2.1 Collaboration and Teamwork Principles and Procedures.
- 2.2 Pro active Management Strategies of issues related to Autism .
- 2.3 Promoting awareness and advocacy.
- 2.4 Integration and inclusion.
- 2.5 To understand the legal provisions to deal with problems that are faced by persons with Autism.

ELIGIBILITY CRITERIA for ADMISSION :PRIMARY SELECTIONS:

3.1 50% Marks in a Bachelor's Degree (any stream) from a recognized University.

3.2 Parents of Children with Autism Spectrum Disorders will be given preference.

DURATION OF THE COURSE

3.3 Students enrolled for the course should complete it in one year. This will be divided into 2 semesters (one academic year) beginning in June/July

MEDIUM OF INSTRUCTION

4.1 The medium of instruction will be English.

COURSE MATERIAL

5.1 The self-learning material is available as printed study material.

THE PROGRAMME: STRUCTURE & TIMINGS

THEORY (200Hours)	Combination of Lecture presentation, discussion and other active learning methods.
PRACTICALS (600 Hours)	Supervised practical work, observation, practice teaching, visits to centres / Institutions. Trainees will be placed in autism specific schools/centres designated for the purpose. Flexibility in timings for parents.
ATTENDANCE REQUIREMENTS	80% (Eighty Percent) In addition all assignments, without exception, to be submitted on time.
NUMBER OF CANDIDATES	Maximum 20 (Twenty)
MODE OF APPLICATION	Application to be submitted in the prescribed form attached, with the necessary Certificates and Testimonials, within the specified date.
MODE OF SELECTION	Candidates will be selected on the basis of an interview. They will be given a week's joining time (from the time of intimation) after which they will forfeit their seat. Decision taken by the selection committee will be final.

Total Fee for the year Rs. 40,000/-

GENERAL INSTRUCTIONS:

1. Please fill in the application in your own hand neatly in BLOCK letters or in type.
2. Please attach the following documents with application:
 - 1) Attested copies of Certificates of Examinations passed showing marks obtained and the maximum marks.
 - 2) Attested copies of the certificates of experience in teaching either normal or exceptional children.
3. Please send your application by Registered Post/Courier well in advance so that it reaches before the closing date to the address indicated in item 5 below.
4. Please enclose all documents to your application with stapler or with a strong thread.
5. Please write the words 'Application for admission to KPAMRC Advanced Certificate in Autism Spectrum Disorder on the left hand corner of the envelope, which may be addressed and mailed to:

**THE HONORARY SECRETARY
12, 8th Main, 3rd Cross, Byrasandra Layout,
Jayanagar 1st Block (East), Bangalore – 560 011
Telephone No: 22441289**
6. Incomplete applications will not be considered.
7. Dates for Interviews and admission tests will be duly intimated.

APPLICATION FORM

**Application for admission to
ADVANCED CERTIFICATE IN AUTISM SPECTRUM DISORDER**

ACADEMIC YEAR: 2019 – 2020

To
The Hon. Secretary,
KPAMRC
12, 8th Main, 3rd Cross,
Byrasandra Layout, Jayanagar 1st Block (East),
Bangalore – 560 011
Telephone No: 22441289

Sir/Madam,

I wish to apply for admission to the Advanced Certificate course in Autism Spectrum Disorder and submit the following particulars in support.

Attested copies of all degrees/ diploma/ marks sheets and certificates of extra curricular activities, honours etc. are enclosed.

Place: _____

Yours faithfully,

Date: _____

(Signature of Applicant)

(To be filled in by the applicant in BLOCK letters)

1. Full Name : _____
2. Father's / Husband's Name : _____
3. Sex : _____
4. Date of Birth according to Christian Era : _____
5. Married or Unmarried : _____

6. Nationality : _____

7. Address & Tel/Mob No. : _____
Email ID: _____

a) Where interview/ admission letter : _____
should be sent

b) Permanent Home Address : _____
& Telephone No.

c) State to which you belong

8. If parent of a child with autism please state name, age, dob of the child and the : centre/school/therapycentres he/she goes to. (Enclose a separate sheet)

9. Academic qualifications : (Commencing from S.S.L.C / X STD)

Examination Passed	Name of Institute & University	Month & Year in which passed	Attempts in which passed	Maximum marks obtained	Percentage of marks obtained & aggregate

10. Extra curricular activities including NCC'B' & 'C' Certificates.

11. Teaching Experience

Name of the Institution	Status	Pay Scales	From (Date)	To (Date)	Years	PERIOD	
						Months	Days

12. Languages which you can

Speak

Read

Write

13. Are you employed? If so give the name and address of your employer, capacity in which employed and the nature of work in which engaged.

14. Are you being officially sponsored or deputed for this training by your employer? – Attach letter from the Institution.

15. Give the name & address of two references who are not related to you. :

a)

b)

16. Hobbies/ other subject areas of interest/ aptitude :

17. Any other fact that you wish to mention and may have a bearing :

on your selection.

Date :

Place:

(Signature of Applicant)

DECLARATION BY THE APPLICANT

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. In case any information given by me in this application is proved to be false or incorrect, I shall be responsible for the consequences. I further declare that I shall abide by the rules and regulations of the institute.

Place:

Date :

(Signature of Applicant)

Permanent Address & Telephone No.

: _____

