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

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

## **Application for admission to PG DIPLOMA IN SPECIFIC LEARNING DISABILITIES**

**ACADEMIC YEAR: 2017 - 2018** 

#### **PRIMARY AIMS & OBJECTIVES**

- 1.1 To provide trainees with the understanding of Specific Learning Disabilities as a necessity in society. To equip them with the knowledge and skills to help students, teachers, parents, and administrators to cope with the challenges they face.
- 1.2 To enable trainees to implement the strategies involved in the process of Inclusive Education of those with Specific Learning Disabilities.

#### **COGNITIVE OBJECTIVES:**

- 1.1 To understand the various dimensions of the challenges relating to the child, with Specific Learning Disabilities, and his/her family, in terms of causes, characteristics and specific problems.
- 1.2 To learn the dynamics of assessments in reading, writing, arithmetic and intellectual functioning.
- 1.3 To study techniques of remediating specific learning disabilities.
- 1.4 To promote advocacy & support group programmes.
- 1.5 To understand in depth the planning of infrastructural requirements, manpower training and the intricacies of inclusive education.

#### **AFFECTIVE OBJECTIVES:**

- 1.6 To appreciate the importance of recognising the presence & incidence of Specific Learning Disabilities in today's schools.
- 1.7 To create an awareness of the socio-economic implications of reaching adulthood, with an unremediated Specific Learning Disability.
- 1.8 To empathise with the child with Specific Learning Disabilities and, his/her family, in terms of the turmoil relating academics, social and professional issues and creating awareness in mainstream school and general public to understand and support the child with Specific Learning Disabilities.
- 1.9 To study and understand the legal provisions which will help and assist the persons with Specific Learning Disabilities?
- 1.10 To devise strategies for creating community support.

### ELIGIBILITY CRITERIA for ADMISSION: <u>PRIMARY SELECTIONS</u>: 1.1150% Marks in a Bachelor's Degree (any stream) from a recognized University.

1.12 Parents of Children with learning disabilities and Candidates with teaching experience will be given preference.

#### **DURATION OF THE COURSE**

3.1 Students enrolled for the course should complete it in one year. The academic year general starts from June. Through the year students will be assessed on various ongoing assignments and tests. A set of examinations and practical/viva will be held at the end of the year. Students successfully completing the entire course will be eligible for the award of Diploma.

#### **MEDIUM OF INSTRUCTION**

4.1 The medium of instruction – English.

#### **COURSE MATERIAL**

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

#### **COURSE DESIGN AND SCHEME OF EXAMINATION**

6.1 The one year course is divided into modules (2 Semesters), each consisting of separate units. Tests and assignments on different topics are given. At the end of the year a written examination will be conducted. A case study oral presentation, a case study written submission, a workbook/dissertation and viva completes the course.

#### THE PROGRAMME: STRUCTURE & TIMINGS

| THEORY (4 to 6 Hours | Combination of lecture, presentation, discussion and other active learning    |
|----------------------|---|
| per week)            | methods.  |
| PRACTICALS (2 hours  | Supervised practical work, observation, practice teaching, visits to          |
| daily)               | Institutions. Trainees will be distributed to different schools               |
|                      | Designated for the purpose, if and when required.                             |
| ATTENDANCE           | 80% (Eighty Percent)  |
| REQUIREMENTS         | In addition all assignments, without exception, to be submitted on time.      |
| NUMBER OF            | Maximum 25 (Twenty Five)  |
| CANDIDATES           |   |
| 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 seats. Decision taken by the selection committee will be final. |

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

### **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 Diploma in Specific Learning Disabilities on the left hand corner of the envelope, which may be addressed and mailed to:

THE HONORARY SECRETARY
# 12, 8<sup>th</sup> Main, 3<sup>rd</sup> Cross, Byrasandra Layout,
Jayanagar 1<sup>st</sup> 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.

### <u>APPLICATION FORM</u>

# Application form for admission to DIPLOMA IN SPECIFIC LEARNING DISABILITIES

**ACADEMIC YEAR: 2017 – 2018** 

| То  |              |   |  |  |  |  |  |  |
|---|--------------|---|--|--|--|--|--|--|
| The Hon. Secretary,   |              |   |  |  |  |  |  |  |
| KPAMRC  |              |   |  |  |  |  |  |  |
| # 12, 8 <sup>th</sup> Main, 3 <sup>rd</sup> Cross,          |              |   |  |  |  |  |  |  |
| Byrasandra Layout,  |              |   |  |  |  |  |  |  |
| Jayanagar 1 <sup>st</sup> Block (East), Bangalore – 560 011 |              |   |  |  |  |  |  |  |
| Telephone No: 22441289 / 22444                              |              | , 011   |  |  |  |  |  |  |
| Telephone 110: 22 1 1203 / 22 1 1                           | 1231         |   |  |  |  |  |  |  |
| Sir/Madam,  |              |   |  |  |  |  |  |  |
| Lwich to apply for admission to                             | tha Dinla    | ma course in SPECIFIC LEARNING DISABILITIES       |  |  |  |  |  |  |
| and submit the following particul                           | =            |   |  |  |  |  |  |  |
| and submit the following particular                         | iais iii suļ | oport.  |  |  |  |  |  |  |
| Attested conies of all degrees / di                         | inloma/ r    | narks sheets and certificates of extra curricular |  |  |  |  |  |  |
| activities, honours etc. are enclo                          | •            | marks sheets and certificates of extra curricular |  |  |  |  |  |  |
| activities, nonours etc. are enclo                          | iscu.        |   |  |  |  |  |  |  |
| Place:  |              | Yours faithfully,                                 |  |  |  |  |  |  |
| ridec   |              | roars raitmany,                                   |  |  |  |  |  |  |
| Date:   |              |   |  |  |  |  |  |  |
|   |              | (Signature of Applicant)                          |  |  |  |  |  |  |
|   |              | (0.8)   |  |  |  |  |  |  |
| (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 & Telephone No.                                  | :            |   |  |  |  |  |  |  |

| a) Where interview/ admission letter is to be sent :   |                                       |            |                                       |           |                          |        |      |                              |    |  |      |
|--|---------------------------------------|------------|---------------------------------------|-----------|--------------------------|--------|------|------------------------------|----|--|------|
| b) Permanent Home Address : :  |                                       |            |                                       |           |                          |        |      |                              |    |  |      |
| 8. Present Occupation  |                                       |            |                                       | :         |                          |        |      |                              |    |  |      |
| 9. State to which you belong :   |                                       |            |                                       |           |                          |        |      |                              |    |  |      |
| 10. Academic qualifications : (Commencing from S.S.L.C / X STD)  |                                       |            |                                       |           |                          |        |      |                              |    |  |      |
| Examinatio Name of n Passed Institute & University   |                                       | <b>.</b> & | Month &<br>Year in<br>which<br>passed |           | Attempts in which passed |        | n    | Maximum<br>marks<br>obtained |    | Percentage of marks obtained & aggregate |      |
|  |                                       |            | P                                     | 25504     |                          |        |      |                              |    |  |      |
| <ul><li>11. Extra curricular activities : including NCC'B' &amp; 'C' Certificates.</li><li>12. Teaching Experience</li></ul> |                                       |            |                                       |           |                          |        |      |                              |    |  |      |
| Name of the  | , , , , , , , , , , , , , , , , , , , |            | Scales                                | From      |                          | То     | Year | `S                           |    |  | IOD  |
| Institution  |                                       |            |                                       | (Date     | e)                       | (Date) |      |                              | Мо | nths                                     | Days |
|  |                                       |            |                                       |           |                          |        |      |                              |    |  |      |
| 13. Languages which you  |                                       |            |                                       | Speak<br> |                          | Rea    | d    | Write<br>                    |    | te                                       |      |
|  |                                       |            |                                       |           |                          |        |      |                              | _  |  |      |
| 14. Are you employed? If so give the name and address of your employer,  |                                       |            |                                       |           |                          |        |      |                              |    |  |      |

and address of your employer,
capacity in which employed and the
nature of work in which engaged.

| 15.         | Are you being officially sponsored or deputed for this training by your employer?  |  |
|-------------|--|--|
| 16.         | Give the name & address of two references who are not related to you.  | :  |
|             | a)   |  |
|             | b)   |  |
| 17.         | Hobbies/ other subject areas of interest/ aptitude   | :  |
| 18.         | Are you a parent of a child with learning difficulties?  |  |
| 19.         | Are you a teacher? If so how any years of teach  | ing?   |
| Dat         | e:   |  |
| Pla         | ce:  | (Signature of Applicant)   |
|             | DECLARATION BY THE A   | APPLICANT  |
| kno<br>to k | ereby declare that the information given above in the information given above in the information given above in the false or incorrect, I shall be responsible for the incorrect of the incorrect. | en by me in this application is proved e consequences. I further declare |
| Pla         | ce:  |  |
| Dat         | e :  | (Signature of Applicant)   |
| Per         | manent Address & Telephone No. :   |  |
|             |  |  |