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 COURSE IN SPECIFIC LEARNING DISABILITIES AND INCLUSION STUDIES ACADEMIC YEAR: 2020 – 2021

PRIMARY AIMS & OBJECTIVES

- 1.1 To provide trainees with how to understand people with Specific Learning Disabilities.
- 1.2 To equip them with the knowledge and skills to help students, teachers, parents, and administrators to cope with the challenges they face.
- 1.3 To enable trainees to identify and implement the strategies involved in overcoming the difficulties faced because of Specific Learning Disabilities and work towards an Inclusive Society.

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 to overcome or cope specific learning disabilities.
- 1.4 To promote advocacy & support group programmes and inclusion.
- 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 unremedied 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 : PRIMARY SELECTIONS:

- 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 It is a one year course. Tests / assignments on all 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/research paper and viva completes the course.

THE PROGRAMME: STRUCTURE & TIMINGS

| THEORY (4 to 6 Hours per week) | Combination of lecture, presentation, discussion and other active learning 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. | |
| 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, 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.

NOTE: KINDLY SEND THE APPLICATION FORM ONLINE ON OUR EMAIL: kpamrc@gmail.in; and you can submit the hard copy alongwith your testimonials at the time of interview.

APPLICATION FORM

Application form for admission to ADVANCE CERTIFICATE COURSE IN SPECIFIC LEARNING DISABILITIES

ACADEMIC YEAR: 2020 – 2021

| To The Hon. Secretary, KPAMRC # 12, 8 th Main, 3 rd Cross, Byrasandra Layout, Jayanagar 1 st Block (East), Banga Telephone No: 22441289 / 2244 | | 11 | | | | |
|---|---|--------------------------|--|--|--|--|
| Sir/Madam, | | | | | | |
| I wish to apply for admission to the Diploma course in SPECIFIC LEARNING DISABILITIES and submit the following particulars in support. | | | | | | |
| 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. Nationality | : | | | |
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| 6. Current Address | : | | | |
| | : | | | |
| | : | | | |
| Telephone Numbers | : | | | |
| b) Permanent Home Addre | cc · | | | |
| & Telephone No. | | | | |
| | | | | |
| 7. Present Occupation | : | | | |
| 8. Academic qualifications | : (Co | mmencing fron | | |
| . Academie quaimentions | . (00 | Time terring it on | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Examinatio Name of | | Attempts in | Maximum | Percentage of |
| n Passed Institute & | | which | marks obtained | marks obtained |
| University | passed | passed | Obtained | & aggregate |
| | ' | | | |
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9. Extra curricular activities : including NCC'B' & 'C' Certificates.

10. Teaching Experience

| Name of the | Status | Pay Scales | From | То | Years | DE | RIOD |
|-------------|--------|------------|--------|--------|-------|--------|------|
| Institution | Status | ray Scales | (Date) | (Date) | Tears | Months | Days |
| | | | (23.0) | (200) | | | |
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| 11,. Languages | which you | Speak | Read | Write |
|--------------------------------|--|--------------|------|-------|
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| and address capacity in | uployed? If so give the s of your employer, which employed and t work in which engaged. | he | | |
| • | ing officially sponsored for this training by you | | | |
| | me & address of two r t related to you. | references : | | |
| a) | | | | |
| b) | | | | |
| 15. Hobbies/ o of interest/ | ther subject areas aptitude | : | | |
| 16. Are you a j | parent of a child with le | earning | | |

| 17. Are you a teacher? If so how any years of tea | aching? | | | |
|--|--------------------------|--|--|--|
| Date: | | | | |
| Place: | (Signature of Applicant) | | | |
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| 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. : | | | | |
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