THE ORAL SCHOOL FOR DEAF CHILDREN

Managed by THE SOCIETY FOR ORAL EDUCATION OF THE DEAF 4B SHORT STREET, KOLKATA 700 016.

PHONE NO: 2287 2427 / 2281 6993

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Please attach :-

1. Xerox copies of - a. Test done & doctor's report	
b. Birth Certificate	
c. Latest Audiogram	
2. 2 Passport size photographs	
NAME OF CHILD :	
SEX:	
DATE OF BIRTH:	
ADDRESS :	
PHONE NO:	
MOBILE NO:	_

NEI	GHBOUR'S PHONE NO			
CO	OR NEACT NO.			
CO	NTACT NO:		_	
DA	TE OF APPLICATION:			
	HOUSE HOLD BACKGROUND:			
	NAME & RELATIONSHIP WITH CHILD	AGE	EDUCATION	
NAI	ME OF FATHER:			
EDUCATION:				
OCCUPATION:				
OFFICE NAME :				
" ADDRESS:				

NAME OF MOTHER:
EDUCATION:
OCCUPATION:
OFFICE NAME :
'' ADDRESS:
'' PHONE NO:
TOTAL HOUSEHOLD INCOME:
MOTHER TONGUE :
OTHER HANDICAPS:
ENGLISH SPOKEN / NOT SPOKEN AT HOME :
DOES CHILD WEAR HEARING AID :
Signature of Father:
Signature of Mother: