FEDERAL INSTITUTE OF SCIENCE AND TECHNOLOGY (FISAT)®
(AUTONOMOUS)
(An ISO 21001:2018 Certified, NAAC ('A+') Accredited Institution with NBA Accredited Programmes)
Approved by AICTE - Affiliated to APJ Abdul Kalam Technological University, Kerala
Owned and Managed by Federal Bank Officers' Association Educational Society
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Focus on Excellence

Special Needs Disclosure Form

Section A: Student Information

- Full Name:
- Course Applied For:
- Date of Birth:
- Mobile Number:
- Email Address:
- Parent/Guardian Name:
- Emergency Contact Number:

Section B: Special Needs / Support Requirements

Please tick (✓) the category or categories that apply to you:

1. Physical and Locomotor Disabilities
   - ☐ Physical Disability – 1
   - ☐ Physical Disability – 2 (Acid Attack Survivor)
   - ☐ Short Stature / Dwarfism
   - ☐ Cerebral Palsy
   - ☐ Muscular Dystrophy
   - ☐ Leprosy Cured Person
   - ☐ Not Applicable
2. Sensory Disabilities
   - ☐ Visual Disability
   - ☐ Hearing Disability
   - ☐ Speech and Language Disability
   - ☐ Not Applicable
3. Cognitive / Intellectual Disabilities
   - ☐ Intellectual Disability
   - ☐ Autism Spectrum Disorder
   - ☐ Mental Illness
   - ☐ Not Applicable

4. Neurological and Blood Disorders
   - ☐ Multiple Sclerosis
   - ☐ Parkinson's Disease
   - ☐ Sickle Cell Disease
   - ☐ Thalassemia
   - ☐ Haemophilia
   - ☐ Not Applicable
5. Other Categories
   - ☐ Multiple Disabilities
   - ☐ High Support Needs
   - ☐ Gender-based Inclusion Needs
   - ☐ Transgender Person
   - ☐ Not Applicable

Section C: Support or Accommodation Required (Optional)

Do you have a valid disability or medical certificate?

☐ Yes ☐ No

(If yes, please attach a copy with this form. This helps us plan accommodations appropriately.)

Section D: Declaration

I understand that sharing information regarding any special needs is voluntary and will in no way affect my admission or academic standing.

By disclosing this information, I consent to its use solely for the purpose of providing appropriate support, accessibility accommodations, and inclusion services within the institution. I acknowledge that this information will be treated with strict confidentiality and handled respectfully by authorized personnel only.

I affirm that the information provided in this form is accurate to the best of my knowledge.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____