



Appln. No :

Hostel Reqd: Yes/No

(Accredited by NAAC)

(Co-Educational Institution, Affiliated to Tamilnadu Teachers Education University, Chennai & Approved by NCTE, Bengaluru)

Attur Main Road, Ramalingapuram, SALEM-636 106.

SALEM-636 106. Ph. No.: 0427 - 2912495, 2912215 AFFIX RECENT
PASSPORT SIZE
COLOUR
PHOTOGRAPH

## APPLICATION FOR ADMISSION TO B.Ed.,

(TO BE FILLED IN CAPITAL LETTERS)

1.	Name of the Applicant															
										[As	oer Reco	rd]				
2.	Sex	М	F													
3.	a) Date of Birth	D [	D M	M	Y	Y Y	Y	b)	Αg	ge (Co	mpleted	d yea	ars)			
4.	a) Nationality							b)	Re	eligion						
5.	a) Community	SC SC	CA ST E	ВС МЕ	BCDN	CBCN	OC	b)	C	aste						
6.	a) Birth Place & District							b)	ВІ	ood G	roup					
7.	Personal Marks 1	)														
	of identification } 2)	)														
8.	Address for Communica	tion :														
	Present Ado		Permanent Address													
	PIN										PIN					
Ph	Phone No. (with STD Code):							Phone No. (with STD Code):								
Мо	Mobile No :							Mobile No :								
9.	E-Mail Address															
10.	Are you Physically Chall	anged	?		Υ	'es	No If	Yes	: Pr	oduce	the rele	evan	t cer	tific	ate.	
11.	Are you Son / Daughter	of Ex-S	Service	Maı	n Y	'es	No If	Yes	: Pro	oduce	the rele	van	t cer	tific	ate.	
12.	12. Distinction in Sports / NCC / NSS / Red Cross / Cultural / Any others :															
13.	Degree Completed / Aw	aiting	for Re	sult												

14.	<ol> <li>Particulars of Education :         (Submit attested Photocopies of Certificates in support of the details)</li> </ol>											
	Name of the Degree Major			Name	of the College & University	Medium of Study			Percentage of Marks ** & Class			
**	Marks Obtain	ned in al	I Maior a	nd Allied S	Subjects to be add	ed						
15.	Warks Obtain			ax.		Ju.						
	UG Ma		rks ined	Total Marks	Perce (%	_	age Month year of					
	Part - I											
	Part - II											
	Part - III											
	Major Allied											
	Practical											
16.	Details of Pa	ırent / Gu	ıardian :									
					Father / Guardi	an		Mother				
	Name											
	Occupation / Designation											
	Qualification											
	Annual Income											
	Phone / Mobil	e No.										
fully	•				DECLARAT ulars furnished ab ege. I submit that I wi	ove are true			•			
Plac	ce:											
Date	e :											
_	nature of the				and the decrease		Signature of the	Applicant				
		•			sed with the filled in		.:)					
	th				st studied (Original &	c Two Photocop	oies)					
	2. 10 <sup>***</sup> Mark SI 3. 12 <sup>th</sup> Mark S	,	•		• /							
		,	· ·		. ,							
		•	•		& Two Photocopies)							
	6. PG Mark Sh	_										
		, ,		•	inal & Two Photocop	nies)						
	3. Community		_		-							
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	1. Transfer C	ertificate	9		5. Provisio	onal / Degree C	ertificate					
	2. 10 <sup>th</sup> M/S				6. PG M/S	6						
	3. +2 M/S				7. PG Pro	ovisional / Degr	ee Certificate					
	4. UG M/S				8. C.C							

Signature of the verifying Staff

Principal