

Form No. _____

APPLICATION FORM FOR ADMISSION TO B. ED. PROGRAMME, Session :2016 - 18

SISHU BIKASH COLLEGE OF EDUCATION

(A Minority Institution as declared by

National Commission for Minority Educational Institution, Government of India)

Conducted By : Society For Islamic Education

Recognized by : NCTE & Affiliated with WBUTTEPA

(F. ERC/NCTE/(APE00998)/B. Ed. (Revised Order)/2015/31929)

Self-Financing B. Ed. College.

Village : Chakberia-Mokrapur More, P. O. : Kustia,

P. S. : Sonarpur, Dist. : South 24 Parganas,

Pin : 743330, West Bengal, Ph. - 03218 - 201194



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your recent P. P.
size colour
Photograph.

SPACE FOR OFFICE USE ONLY

Application Form Bill No. _____, Admission Bill No. _____

Date of Issue : ____ / ____ / _____, Date of Receive : ____ / ____ / _____

University (Last) _____

Status : Deputed ☐ / Fresher ☐ , Teaching Experience ____ Ys ____ Ms ____ Ds

Last Qualification : _____

Category : Minority ☐ SC ☐ ST ☐ PH ☐ OBC(A/B) ☐ Gen ☐

1. Name in BLOCK LETTERS (As recorded in Madhyamik Certificate) : _____

2. Father's Name : _____

3. (i) Date of Birth : ____ / ____ / _____. (DD/MM/YYYY), (ii) Age as on 01/07/2016 : ____ Ys ____ Ms ____ Ds.

4. Nationality (Whether by Birth / Domicile) : _____

5. Community / Religion : _____

6. Category : Minority ☐ SC ☐ ST ☐ PH ☐ OBC(A/B) ☐ Gen ☐

7. Educational & Professional Qualifications : _____

8. Present Postal Address : _____

9. Permanent Address : _____

Phone No. _____, Mobile No. _____

Form No. _____

Acknowledgement

Received Application Form from Sri / Smt. _____

in the Subject _____ for applying B. Ed. Course, Session 2016 - 2018.

Signature of the receiving person

10. Particulars of Deputed Teachers (if any) : Name of Post : _____

11. Name & Full postal address of the school where the candidate is now serving :

12. Date of appointment of permanent post in this school : ____ / ____ / ____.

13. Subjects taught & Classes : _____

14. Teaching Experience as a permanent teacher as on 01/07/2016 (Including Previous Exp.) _____

15. Whether Deputed by the school for undergoing training (MC Resolution No. & Date) : _____

Certified that the statements of item no. 10 to 15 are true. _____

Signature of the Headmaster/Headmistress with seal & date

16. Subject taken (in short form) :

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17. Last studied University Name & Registration No. _____

18. Academic Qualification with details :

Exam.	Year of Passing	Div	Board/Council University	Sub. taken to diff. Exam	Total Marks	Marks Obtained	% of Marks	Remarks
M. P./S. F								
H. S. (10 + 2)								
B. A. / B. Sc. (Pass)								
B. A. / B. Sc. (Hons)								
M. A. / M. Sc.								
M. Phil.								
Ph. D.								

I hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief.

Date : ____ / ____ / ____

Signature of the Candidate

For Office Use Only

Decision of the Principal / Teacher-in-charge : _____

Date : ____ / ____ / ____

Signature of the Principal / Teacher-in-charge.

N. B. : (i) College authority reserves the right to cancel his / her admission without giving any information to him / her if the candidate concerned to join the College continues 7 days after commencement of classes (Unless otherwise permitted by the authority)

(ii) No information will be sent to candidate by post.