Late M. D. Yergude Memorial, Shikshan Prasarak Mandal's

Shri Sai College of Education

Opp. Hotel Tristar, Nagpur Road, Chandrapur, Tah. & Dist. CHANDRAPUR (M.S.) 442 401

Instruction 3) Fil in all fields	1: 1) Candidates s in CAPITAL Lette	shall fill in ters only. 4) S	he form v Strike-off v	very ca whiche	arefully. 2) ver is NOT	Use bla applicat	ck ink ole. E.g	to fill . If yo	in the	e to e a N	rm Male	and e : G	Benc	ler :	Male	/Fen	nale
For College Course Admitted to : B. Ed. use only Session : 20 - 20				Divis	rision : II No. :		Form No. : College Code : 357						(Affix with				
	Admission Date :												F	ass	port	Size	
Course appli	ed for (B.Ed.):				B. Ed.									Ρ	hoto)	
Course Part	or Semester app	olied for (e.	.g. 1/2/3	/4):		1	Student this box	should only wi	sign s th blac	stricti ck ink.	y ins	side					
Applying for	Concession EBC	C/SC/ST/N	NT/OBC	/PTC	/STC/Fre	edom F	ighter	/Ex S	Servi	icer	nar	n:	_				
	ainst which Cate						If Res	serve	ed, S	Spe	cify	<u>_</u>					
1. Personal	Information Sec	ction									_						
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Name of the (In Case of Cha	Student : nged name,write cu	rrent name)															
Name of the (In local lang																	
	Student as print sing Certificate	ed on									L						
Father's / Hu	sband's Name :						;										
Mother's Nar	ne:																
	ne of the studen nanged name)	t :															
Reason for na	me change : Willin	gly / After M	farriage	Ma	arital Status	s ; Unma	rried /	Marrie	ed / I	Divo	rce	d / \	Wid	owe	d/D	esse	rted
Date of Birth	(DD/MM/YYYY	(); /	1			Gen	der : N	Male	/Fe	ma	le						
Place of Birtl	n:		·			Bloc	d Gro	up (v	vith	Rh)):						
Religion:						Citiz	en of	(Cou	intry	Na	me	e):					
Student's loc	ation Category :	Rural / U	rban / Tr	ibal													
Address for	Correspondence	•			•												
State :		District :			Tehsil:			Ci	ty/To	own	/Vi	llag	e:				
Address (Ho	use No.,Street/A	rea/Subur	rb etc.)														
								Pi	n Co	ode	·I	Т	П				
Permanent A	Address Write on	ly if differe	ent than	"Addr	ess for Co	orrespo	ndenc				1	!_		_	l		
State : District :					Tehsil:			Ci	ty/To	own	Νi	llag	e :				
Address (House No.,Street/Area/Suburb etc.)																	
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Contact Deta	ails				A	Aadhaa	r No.								T		Τ
Phone # 1 STD Code : Phone No. :						Voting (Card No	0.									
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2. Le	egal Res	ervation Info	rmation Section										
Domicile of State : Category : Open / Reserved			If Reserved : SC / ST / DT(A) / NT (B) / NT (C) / NT (D) / OBC / SBC										
					If Physically Challenged : Visually Impaired / Speech and / or Hearing Impaired / Orthopedic Disorder or Mentally Retarded								
		servation Info tached, in se	ormation Section [Che	eck (√) v	whic	hever is	applicabel, v	vrite nam	e of su	pporting			
	Ex-Serviceman / Ward of Ex-Serviceman					Member of Project affected Family							
	active-S	Serviceman / \	Vard of Active-Servicem		Member of Earthquake Afffected Family								
	Freedo	m Fighter / Wa	ard of Freedom Fighter			Member of Flood / Famine Affected Family							
	Ward of	f Primary Tead	cher			Resident of Tribal Area							
	Ward o	f Secondery T	eacher			Kashmir Migrant							
	Desserted / Divorced / Widowed Women												
4. G	4. Guardian Information Section												
Occupation of the Guardian : Service / Business / Profession / farmer / Laborer / Retired Annual Income of the Guardian (Rs.) : (last financial year)								₹s.) :					
Relationship of guardian with applicant : Phone No.													
you	5. Educational Details Section [Write 'YES' in last column, against the qualifying examination of basis of which you are seeking admission to the said course write NO in other of examinations] Please Note: 10th Details are mandatory in any case -												
	ame of mination	Name of Board of University	Name of School / College	Date of Passing (DD / MM / YYYY)	1	nination Se No. (Last)	Passing Certificate No.	Grade / Total Marks Obtained	Out of	Qualifying Examination ? (YES / NO)			
Std	I. 10 th												
	I. 12 th s/Com/Sci.)							-					
	A./B.Sc./ com												
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Ott	hers :												

	elected / Opted Papers ledium : English / Hindi			es or Pape	er Na	me only, in the boxes]					
Met	Methods 1.			_							
Year / Semester: 1/3/5/7				Year / Semester: 2/4/6/8 (If decided in First Semester only)							
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8.	<u> </u>			8.							
7. A	ttached Documents an	d C	ertificates Section								
Sr. No.	Name of Document / C	erti	ficate	Orig	inal / Attested True Copy	Attached (Yes / No)					
1.	Passing Certificate of Std	. 10	h/ Statement of Marks of	Atte	ttested True Copy (Mandatory)						
2.	Passing Certificate of Std	. 12	" / Statement of Marks of	Atte	ttested True Copy						
3.	B.A. / B.Sc. / B.Com Mark	she	eets 1,2,3,4,5,6	Orig	riginal						
4.	M.A. / M.Sc. / M.Com Ma	rksh	neets 1,2,3,4	Orig	Original						
5.	Leaving Certificate			Orig	Original						
6.	Certificate of Caste with 0	Cate	gory	Original / Attested True Copy							
7.	Non Creamy Layer Certif	cate	e	Original / Attested True Copy							
8.	Affidavit for Changed Nar	ne /	Marriage Certificate / Go	Original							
9.	Domicile Certificate			Attested True Copy							
10.	Certificate for Physicaly C	Chal	lenged	Attested True Copy							
11.	. Aadhaar Card & Voting Card Attested True Copy										
8. Other Information Section											
Mot	Mother Tongue : Employment Status : Employed / Unemployed Do you wish to join NCC / NSS : Yes / No										
Wo	uld you like to apply for Ho	stel	∘ Yes / No								
Hobbies, Proficiency and Other Interests :											
Gar	nes and Sports Participation	on :	ntornational ata \								
_	el (e.g. college/state/nation	1.	memanonai etc.)			2.					

	have read the rules related			
		•		ancy, arising out of the form
		f any document the	final admissio	n will not be granted and/or
admission will stand can				ill abide by all the rules and
regulations of the said A		gging Act, 1999 and i	is state that w	ill abide by all the rules and
regulations of the said A	oi.			
Place :				
Date: / /		Signatu	re of the Stude	ents
10. Declaration by Gu	ardian			
				by him / her is correct to the
see that he / she observe		f with the dues and fe	es, dues to my	son / daughter / ward and to
see that he / she observe	25.			
Place :				
Date: / /		Signatu	re of the Guard	dian
11. For College / Instit	tute Only			
Designation	Remarks / Particulars / Re	ecommendations		Signature and Date
Admission Clerk				
Admission Committee			_	
Accountant / Cashier	Cash Received : Rs.	Receipt No. :	Dt.	
Registrar / Office Superintendent				