

S.No.: 515



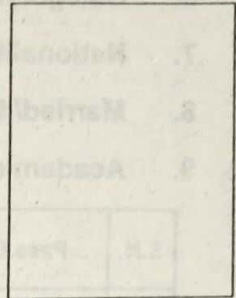
SANT TAPASVI NARAYAN DAS SHIKSHAN SANSTHAN

Dostpur Khairvi, P.o- Bariyarpur, Bathnaha, Sitamarhi- 843302

ADMISSION FORM FOR D.EI.ED. COURSE

Office Use Only

- I. Course -
- ii. Session -
- iii. Class Roll -



1. Name of Candidate :-

(a) In English (Block Letter)

(b) In Hindi

2. Mother's Name :-

(a) In English (Block Letter)

(b) In Hindi

3. Father's/ Husband's Name :-

(a) In English (Block Letter)

(b) In Hindi

4. Date of Birth :-

Date of Birth in words:-

5. Permanent Address:-

Vill.Po.

P.S.Via.

Dist.Pin Code.Tel./Mob.....

Whats App No.....E-mail id.



SANT TAPASVI NARAYAN DAS SHIKSHAN SANSTHAN

Dostpur Khairvi, P.o- Bariyarpur, Bathnaha, Sitamarhi- 843302

515

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S.No.:

- 1. Candidate Name..... Course..... Session.....
- 2. Father's/Husband's Name.....

6. Correspondence Address.:

Vill.....Po.....

P.s.....Via.....

Dist.....Pin Code.....Tel.No./Mob.....

6. Category.....Caste.....Sex.....

7. Nationality.....

8. Married/ Unmarried.....

9. Academic Qualification:-

S.N.	Pass Examination	Board/ University	Year of Passing	Subject Taken	Marks Total	Obtained Marks	%	Div Class	Remarks
(i)	Matric								
(ii)	Intermediate								
(iii)	B.A./B.Sc/B.Com (Hons.)								
(iv)	Graduation in other course								
(v)	M.A./M.Sc./M.Com/ Others								
(vi)	Others								

* Method Subject Chosen :- 1..... 2.....

Experience -

10. Enclosure :-

(i)

(ii)

(iii)

(iv)

(v)

(vi)

(vii)

Date.....

Place.....

Sign. of Candidate

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