



SADGURU EDUCATION SOCIETY'S
COLLEGE OF EDUCATION JALGAON

College Code:
100103

For college use only →

Course Admitted to: B.ED (TWO YEAR)

Division:
Roll No:

Form No:

Admission date: / /

Please paste a passport size (35 mm X 45 mm) Photograph here, Do NOT staple. Photo should not exceed the borders.

Important Instructions to Students:

1. Use black ink to fill in the form and **Do NOT** overwrite.
2. Fill in all fields in **CAPITAL** letters only.
3. Put (√) whenever applicable

↑ Student should sign strictly inside this box only with black ink

Course Part or Semester applied for (e.g. FY/SY/TY/BE –SEM- I/II/III/IV)
(FYBA/SYBA/FE/MA-I/FYBA-SEM-I)

B.Ed

Applying for Concession EBC / SC / ST / NT / OBC / SBC /
 PTC / STC / Freedom Fighter / Ex Service Man

1. Personal Information Section

	Last Name (Surname)	First Name	Middle Name
Name of the Student: (In case of changed name, write current name)			
Name of the Student: (In Devnagari script)			
Name of the Student as printed on Std. 10 Marksheet (write the name as it should appear on the marksheet)			
Father's/Husband's Name:			
Mother's Name:			
Previous name of the Student: (In case of changed name)			

Reason for name change: Willingly / After Marriage

Marital Status: Unmarried / Married / Divorced /

Widowed / Deserted

[Check (√) whichever is applicable]

[Check (√) whichever is applicable]

Date of Birth (DD/MM/YYYY): / /

Gender: Male / Female

Place of Birth:

Blood Group (with Rh):

Religion:

Citizen of (country name):

Address for Correspondence

State:

District:

Tehsil:

City/Town/Village:

PIN Code:

Mobile No:

+

Email ID:

Whatsa pp No

+

(For ex. 9 1 9 4 2 3 5 8 9 6 9 3)

3. Social Reservation Information Section

[Check (√) whichever is applicable, write name of supporting document attached, in section 6.]

Ex-Serviceman/ Ward of Ex- Serviceman		Member of Project Affected Family	
Active-Serviceman/Ward of Active-Serviceman		Member of Earthquake Affected Family	
Freedom Fighter/Ward of Freedom Fighter		Member of Flood / Famine Affected Family	
Ward of Primary Teacher		Resident of Tribal Area	
Ward of Secondary Teacher		Kashmir Migrant	
Deserted/Divorced/Widowed Woman			

4. Selected/Opted Papers Section [Write paper codes or Paper Name only, in the boxes] (or attach list as per syllabus separately)

Year/ Semester: I,III,V,VII		Semester: II/IV/VI/VIII (If decided in First Semester only)	
MEDIUM - MARATHI <input type="checkbox"/>		ENGLISH <input type="checkbox"/>	
	Code	METHOD - I	Code
1.			2.

5. Educational Details Section

Last College Attended:				Year:	Roll No/PRN:			
Examination	Name of Board / University	Name of School / College	Year & Month of Passing	Examination Seat No. (If Any)	Marksheet Statement No.	Grade /Total	Out of	Qualifying Examination ? (YES/NO)
S.S.C								
HSC								
UG								
PG								
other								

5. Guardian Information Section

Guardian's Name:	
Occupation of the Guardian: <input type="checkbox"/> Service / <input type="checkbox"/> Business / <input type="checkbox"/> Profession / <input type="checkbox"/> Farmer / <input type="checkbox"/> Labourer / <input type="checkbox"/> Retired	Annual Income of the Guardian (Rs.): (Last financial year)
Relationship of guardian with applicant:	Phone No.:

8. Declaration by Student

I hereby declare that I have read the rules related to admission and the information filled in by me in this form is accurate and true to the best of my knowledge. I will be responsible for any discrepancy, arising out of the form signed by me and I undertake that, in absence of any document the final admission will not be granted and/or admission will stand cancel.

I am aware of the Maharashtra Prohibition of Ragging Act, 1999 and I state that I will abide by all the rules and regulations of the said Act.

Place:

Date:

Signature of the Student

9. Declaration by Guardian

I have permitted my son/daughter/ward to join your college. The information supplied by him/her is correct to the best of my knowledge. I have acquainted myself with the rules and fees, dues to my son/daughter/ward and to see that he/she observes.

Place:

Date:

Signature of the Guardian: