

# APPLICATION FOR D.EL.ED

## APPLICATION FORM FOR ADMISSION TWO YEARS D.EL.ED COURSE (REGULAR)

(PLEASE READ ALL THE INSTRUCTION BEFORE FILLING UP THE FORM)

SESSION :- 20 - 20

NAME : .....

FATHERS NAME:.....

MOTHERS NAME:.....

GENDER :.....RILIGION.....CASTE.....

ADDRESS : .....

.....STATE.....PIN.....

MOBILE NO .....EMAIL.....

DOB.....AADHAR NO.....

ACADEMIC INFORMATION (HS,.10+2 OR EQUIVALENT EXAMINATION PASSED BY APPLICANT)	
INSTITUTE NAME	:
FIRST LANGUGE	:
SECOND LANGUGE	:
FIRST LANGUGE FULL MARKS	:
SECOND LANGUGE FULL MARKS	:

STATEMENT OF MARKS IN THE H.S ,.10+2 OR EQUIVALENT EXAMINATION PASSED BY THE APPLICANT	
H.S,. 10+2 EQUVALANT EXAMINATION :	
BOARD / COUNCIL	:
YEAR OF PASSING	:

FULL MARKS IN BEST FIVE	TOTAL MARKS OBTAIN IN BEST (EXCLUDING EVS)					TOTAL MARKS OBTAINED	% MARKS OBTAINED

HIGHER QULIFICATION

PHOTO

SIGNETURE ↓

**ESSENTIAN DOCUMENTS REQUIRED FOR D.EL.ED  
ADMISSION**

**D.EL.ED**

- 1. MP ADMIT , MARKSHEET**
- 2. HS MARKSHEET , CERTIFICATE**
- 3. AADHAR CARD**
- 4. CAST CERTIFICATE (IF ANY)**
- 5. RECENT PASSPORT SIZE PHOTO**
- 6. SIGNATURE OF THE CANDIDATE**

**OFFICE ADDRESS : SEALDAH**

**(13 DR. KARTIK BOSE STREET KOL-700009 ,NEAR CARMICHEAL HOSTEL SEALDH )**

**MOB NO – 9831268634 / 8345872245 (WH)**