



ALIPURDUAR ASHUTOSH B.ED COLLEGE

KHATOPARA : BINDIPARA : ALIPURDUAR

MAHAKAL CHOWPATHI : NEAR NH-31

Admission helpline 7319357766 / 8327374776

ADMISSION FORM

B.Ed.

D.El.Ed.



(For Office use only)	APPLICATION ID _____
	PASSWORD _____
	ROLL NO. _____ SESSION _____

CANDIDATE NAME

FATHER'S NAME

GUARDIAN NAME

GUARDIAN'S OCCUPATION

MOTHER'S NAME

# PERMANENT ADDRESS	VILL: <input type="text"/>
	POST OFFICE: <input type="text"/>
	POLICE STATION: <input type="text"/>
	BLOCK/MUNICIPALITY: <input type="text"/>
	DIST: <input type="text"/>
	STATE: <input type="text"/> PIN: <input type="text"/>

Email :

AADHAAR NO : # FAMILY INCOME: _____ (P.A.)

STUDENT MOBILE NO. + 9 1 # SUBJECT (B.Ed.) : _____

STUDENT WHATSAPP NO. + 9 1 # RELIGION : _____

GUARDIAN MOBILE NO. + 9 1 # CATEGORY : _____

DATE OF BIRTH : DAY MONTH YEAR BLOOD GROUP : _____

GENDER : MALE FEMALE # NATIONALITY :

DEPUTED : YES NO # PH : YES % NO # EX- SERVICEMAN : YES NO

IDENTITY MARK : _____

UNIVERSITY/SCHOOL LAST ATTENDEN : _____

REGISTRATION NO. OF UNIVERSITY LAST ATTENDED (B.Ed.) : _____

OBTAINED MARKS DETAILS :

SERIAL	NAME OF THE EXAMINATION	BOARD/ UNIVERSITY	YEAR OF PASSING	FULL MARKS	OBTAINED MARKS	%OF MARKS OBTAINED
1	MADHYAMIK / EQUIVALENT EXAM					
2	HIGHER SECONDARY / EQUIVALENT EXAM					
3	B.A. / B.SC. / B.COM. (HONOURS)					
4	M.A. / M.SC. /M.COM / M.E. / M.TECH.					

DATE:

CANDIDATE SIGNATURE :