

Deccan Education Society[®]

Approved by NCTE, New-Delhi & Recognized by Govt. of Karnataka
Affiliated to Gulbarga University, Gulbarga And Karnataka state womens university, Bijapur.

Application for Admission to **B.Ed** Course for the Academic year _____

1	Name of the applicant : (In Capital with Surname)																														
2	Name of the Father:																														
3	Date of Birth:																														
4	Permanent / Present Address: _____ _____ _____ _____ Phone: _____																														
5	Nationality:																														
	Religion: _____ Caste: _____																														
6	Details of Previous Exam Passed: <table border="1"><thead><tr><th><i>Degree. Exam</i></th><th><i>Name of the University</i></th><th><i>Year & Reg. No.</i></th><th><i>Total Marks Obtained</i></th><th><i>Percentage</i></th></tr></thead><tbody><tr><td><i>B.A / B.Sc</i></td><td></td><td></td><td></td><td></td></tr><tr><td><i>Ist & IInd Sem</i></td><td></td><td></td><td></td><td></td></tr><tr><td><i>IIIrd & IVth Sem</i></td><td></td><td></td><td></td><td></td></tr><tr><td><i>Vth & VIth Sem</i></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="3" style="text-align: right;">Total</td><td></td><td></td></tr></tbody></table>	<i>Degree. Exam</i>	<i>Name of the University</i>	<i>Year & Reg. No.</i>	<i>Total Marks Obtained</i>	<i>Percentage</i>	<i>B.A / B.Sc</i>					<i>Ist & IInd Sem</i>					<i>IIIrd & IVth Sem</i>					<i>Vth & VIth Sem</i>					Total				
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Total																															
7	Subject He/She desires for specialization In the methods of Teaching																														
8	In what language does He/She Desire to Teach (Kannada or English)																														

9	Subject Taken for B.Ed. Course: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Area of Specialization: 6. _____
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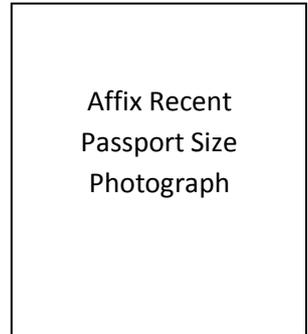
10	Whether staying in Karnataka by birth:
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I declare that the particulars furnished above are true to the best of my knowledge and belief. If admitted to the college. I shall abide by all the rules of the college now in force and those that may be framed hereafter.

Medium:

Place:

Date:



Signature of the Candidate

Signature of Parents

Signature of Principal

FOR OFFICE USE ONLY

Admission to with class _____

Date: _____

Fee Receipt No. _____

Admission No. _____

Accountant

Principal

Address: Hagarga Cross – Ring Road – Gulbarga – 585104 – Karnataka State

Cell: 9449832545 / 9739067668