



JSS INSTITUTE OF EDUCATION

(Affiliated to the University of Mysore and Recognized by the NCTE) P.B.NO: 26, SAKALESHPUR 573134, HASSAN DISTRICT, KARNATAKA STATE

APPLICATION FOR ADMISSION TO B.ED., COURSE FOR 20 - 20

| Application No: 087 | D BE FILLED BY THE APPLICANT |
|--|---|
| (Candidate must fill up the appl | lication in his/her own handwriting with Blue or Black Ball pen only) |
| Name of the Applicant (IN BEOCK LETTERS, exactly as per SSLC): | |
| Father's/Husband's Name : | |
| Mother's Name : | |
| Permanent Address: | |
| Present Address: | |
| Occupation and Annual Income of the Parent/Guardian: | |
| Phone No: | Mobile No: |
| Email : | |
| Gender: M/F Dat | te of Birth: |
| Place of Birth: | Mother Tongue : |
| Nationality : | Religion: |
| Category : SC ST | C-1 OBC Gen |
| Are you physically handicapped? If | so enclose certificate: |

| | DUATION DETAILS (U.G) uation Completed: | BA B.Sc | B.Com BBN | 1 University | | |
|------------|--|------------------------------|------------------|-------------------|---------------------|-------------------|
| | | BA B.SC | B.Com BB | Oniversity | | |
| Name | e of the College : | | | | 3 143 6 141 | |
| Writ | e the Academic year wise ma | rks details : | | | | |
| Sl. No. | Year | Month and Year of passing | Maximum Marks | Marks obtained | Percentage | Class obtained |
| 1. | First Year (1st & 2nd Sem) | | | | | |
| 2. | Second Year (3 rd & 4 th Sem) | | | | | |
| 3. | Third Year (5th & 6th Sem) | | | | | |
| | TOTAL MARKS | | | | | |
| GRA | DUATION DETAILS (P.G): | | | | | |
| | you Post Graduate? Yes | No No |] | | | |
| | Tar out Graduate. | | | | | |
| Nam | e of the P.G. Degree: | Subjects | | | | |
| | | | | | | |
| Sl No. | Year | Month and Year of passing | Maximum Marks | Marks obtained | Percentage | Class obtained |
| 1. | First Year (1st & 2nd Sem) | rear or passing | IVIAIKS | obtained | | Obtained |
| 2. | Second Year (3 rd & 4 th Sem) | | | | | |
| | TOTAL MARKS | | | | | |
| | | 30 30 30 | | | | |
| Teac | hing experience: Yes | No l | f Yes, No of Yo | ears | | |
| Teac | hing Methods of Subjects to b | e opted at 1) | | | | |
| | Level: | 2) | | | | |
| D.Lu | Bover: | 12 | | | | • |
| Profi | ciency in Co-Curricular activi | ties: | | | | |
| | | | | | | |
| | | DEC | LARATION | | | |
| infor | I, hereby declare that all the f and I will abide by rules & mation given above is false the against me. | regulations of the | institution. I | am aware tha | t if anytime, it is | found that a |
| Place | | | | | 1. | |
| Date | | | | | Signature of | the Applican |
| | | FOR OF | FICE USE OF | NLY | | |
| A 1 | W. L. D. D. L. W. J. | | Table 1 | | Datad | |
| Adm | itted to B.Ed. Course with ad | mission No : | | | Dated : | |
| Fee j | paid Rs. | Receipt N | o : | * | Dated : | |
| | | | | | | |
| Plac | e: | | | | | |
| Date | | | | | Signature of t | he Principal |

With seal