

Form # 1

S.L.D. GIRLS COLLEGE OF EDUCATION

(Affiliated to M.D. University, Rohtak)

PRITHLA ROAD, VILL. CHHAPROULA, PALWAL - 121102

Contact No. : 9896404980, 9416215149, 9466803668

ADMISSION-CUM-DATA FORM

No.

Session _____

Course Applied for: B.Ed. ☐ D.Ed. ☐

(The form is to be filled-in by the candidate in her own handwriting in BLOCK LETTERS only)

Please affix your
passport size
coloured
photograph
here
(Do not Staple)

1. Name in Full :
2. Father's Name :
3. Mother's Name :
4. Date of Birth : Date Month Year
5. State of Domicile :
6. Permanent Address :
.....
..... PIN
7. Present Address :
.....
..... PIN
8. Contact No. : Ph. Mob.
9. University & Board : Regn. No. Rank
10. Category : GEN ☐ Mgmt. ☐ Reserved Specify
11. Name of Qualifying Exam :
Institution :
City State / UT
University
Year of Passing Roll No. % of Marks
12. Details of Exam passed (Class 10th onwards) :

Class	Board/University	Subjects	Max. Marks	Marks Obtained	%age	Year
Matric						
10+2						
Graduation						
Others						

13. Ever disqualified from studies (Yes / No) :
14. Designation of Father & Office Address Designation of Mother & Office Address
-
-
- PINPH. PINPH.
- Name of Local Guardian : Relation
- Address :
- PIN PH.....
15. Annual Income of Parents : Rs.
16. Expression in English / Hindi :
17. Hobbies & Interests :
18. Achievement in above :
19. Details of Studying / studies other course :
20. Teaching Subjects for B.Ed. Students : Tg-ITg-II
21. I hereby certify that the information given by me is true. I understand that if any of this information is found to be incorrect then this application will be cancelled. I shall abide by the decision of the college management in all matters.

Signature of Pupil-Teacher

22. Iaccept that I will not create any type of indiscipline in the college and will not participate in any activity which will may cause for the defame of the college. I will regularly attend the classes (Theory & Practical) and in case of less attendance the penalty and decision of college management and university authority will be final. If I create any type of nuisance or indiscipline then my admission will be cancelled and I shall be responsible for it.

Signature of Parent's / Guardian

Date

Place

(Signature of the Pupil-Teacher)

Name.....

(FOR OFFICE USE ONLY)

Received on :

Other Requirements :

.....

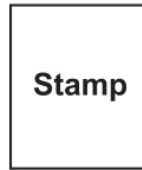
Affidavit Signed ? Yes / No. Document not attached : 1 / 2/ 3/ 4/ 5/ 6/ 7/ 8/ 9/ 10

Office Assistant

Admission Incharge

Principal

Form # 2



AFFIDAVIT

I D/o. / w/o.

resident of

do hereby solemnly affirm and declare as under :

1. That in response to admission notice, I applied for admission in B.Ed. / D.Ed. in the year
2. The certified copies of Educational Qualifications / testimonials attached with the application form were issued by the competent Authorities / Board / Universities and that the documents attached with the Admission Form are genuine certified copies of original certificates.
3. That I own responsibility regarding the correctness of all testimonials / certificates and documents. If testimonial / certificate is found fake, I shall be responsible for all consequences and criminal proceeding too.
4. That I will punctual in college.
5. That if the presence will short, I shall be responsible for the same.
6. That I am not doing any job.
7. That I did not take admission in any other college/institute.

DEPONENT

Verification:

Verified that the above contents of this affidavit are true & correct to the best of my knowledge and belief and nothing has been concealed there in.

Verified at

On date

DEPONENT



Form # 3

S.L.D. GIRLS COLLEGE OF EDUCATION

(Affiliated to M.D. University, Rohtak, Approved by NCTE)

PRITHLA ROAD, VILL. CHHAPROULA, PALWAL - 121102

APPLICATION FOR IDENTITY-CARD

Name :

Father's/Husband's Name :

Roll No. :

Class :

Session :

Permanent Address :

..... PIN

Ph. No. Mobile

E-mail ID

Blood Group :

Identification Mark :

Note : Attach one extra passport size photograph with this application.

Affix Passport
size coloured
photograph

Signature of Parent/Guardian

Signature of the Candidate



Form # 4

S.L.D. GIRLS COLLEGE OF EDUCATION

(Affiliated to M.D. University, Rohtak, Approved by NCTE)

PRITHLA ROAD, VILL. CHHAPROULA, PALWAL - 121102

APPLICATION FOR BUS FACILITY

Name :

Father's/Husband's Name :

Class / Session :

Roll No. :

Permanent Address :

.....

Mobile No. :

Bus Stop Please tick (✓) :

Court Road	<input type="checkbox"/>	Agra Chowk	<input type="checkbox"/>
New Colony Chowk	<input type="checkbox"/>	Rasulpur Chowk	<input type="checkbox"/>
Kithwari Chowk	<input type="checkbox"/>	Bas Stand Chowk	<input type="checkbox"/>
Alawalpur Chowk	<input type="checkbox"/>	Committee Chowk	<input type="checkbox"/>
HUDA Sec. - 2	<input type="checkbox"/>	Alhapur Chowk	<input type="checkbox"/>
Baghola	<input type="checkbox"/>	Prithla Mode	<input type="checkbox"/>

Date :

Place :

Affix Passport
size coloured
photograph

Signature of Parent/Guardian

Signature of the Candidate