



Central Teacher Eligibility Test (CTET)

December 2022

**Name:** SUBODH MAURYA**Application No:** 22100085215

Application Form Steps

- ✔ Contact Details (frmContactDetail.aspx)
- ✔ Personal Detail (frmPersonalDetail.aspx)
- ✔ Apply For (frmExamCenter.aspx)
- ✔ Qualification Details (frmQualificationDetails.aspx)
- ✔ Upload Photograph & Signature (frmDocumentUpload.aspx)
- ✔ Examination City Detail (frmExaminationCity.aspx)
- ⌚ Final Submit (frmFinalSubmit.aspx)

Review Page - Online Application Form

Review the following particulars carefully. If you would like to change any particulars entered, you may do so by using 'Left Links' button or press 'FINAL SUBMISSION OF APPLICATION' button for final submission.

Personal Details

Candidate's Name:	SUBODH MAURYA
Date of Birth:	12-02-1997
Gender:	Male
Father's Name:	VIJAYSHANKAR MAURYA
Mother's Name:	SHAILESH MAURYA
Category:	OBC- NCL
Person with Disability (PWD):	No

Nationality :	Indian
Employment Status:	Not Employed

Apply For

Applying For:	Paper-I (Class I-V)
Language1:	Hindi
Language2:	English
Minimum Educational Qualifications for Classes I to V:	Senior Secondary (or its equivalent) with at least 50% marks and passed or appearing final year of 2- year Diploma in Elementary Education (by whatever name known)
Qualifying Exam:	<input checked="" type="checkbox"/> Diploma in Education (In accordance with the prescribed minimum qualification)
Exam City:	VARANASI (UTTAR PRADESH) Total Vacant Seat : 30218

- Diploma in Education (In accordance with the prescribed minimum qualification) Qualification Details -**Pass Status :** Passed**Year of Passing/appearing :** 2021**Course/Stream Name :** Education/Elementry Education etc**Board/University Name :** OTHERS - SHYAMA TIWARI MAHAVIDYALAYA TINHARI PARSUPUR MAU**Result Mode :** Percentage**Obtained Marks :** 2901**Total Marks :** 3200**Marks(%) :** 90.66**Institute Pincode :** 221603


Present Address

Premises No/Name	67
Sub-Locality	
Locality	KATAGHARA SHANKAR
Country	India
State	UTTAR PRADESH
District	MAU
Pin Code	221603
Email Address	man*****@gmail.com
Mobile Number	91 - 955****233
Land Line No. with STD code or any other Contact No. (Optional)	NA

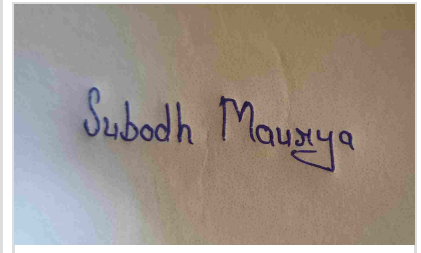
Permanent Address

Premises No/Name	67
Sub-Locality	
Locality	KATAGHARA SHANKAR
Country	India
State	UTTAR PRADESH
District	MAU
Pin Code	221603

Upload Scanned Files

Sr.No	Document	Display
1	Photograph	

2 Signature



Particulars checklist to be verified

Kindly verify all the particulars listed below carefully. Once submitted Application Form finally, changes can not be made.

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> My Name | <input type="checkbox"/> Father Name | <input type="checkbox"/> Mother Name |
| <input type="checkbox"/> Date of Birth | <input type="checkbox"/> Gender | <input type="checkbox"/> Category |
| <input type="checkbox"/> Person with Disability (PWD) | <input type="checkbox"/> Examination City | |

Declaration

I hereby declare that I have filled up this online application after carefully reading the Information Bulletin and fully understanding the provisions/ procedures mentioned therein. I further declare that all the particulars given by me in this application are true to the best of my knowledge and belief. I agree that my Result may be withheld/ not declared/ my candidature may automatically stand cancelled, in case it is found at any point of time in future that false information has been furnished in this application. I shall abide by these terms and conditions as well as those laid down in the Information Bulletin, Public Notices and Advisories issued by CBSE regarding this exam from time to time.

☐ I Agree

Final Submission of Application

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