



7. Mobile Number (Mandatory)

8. Aadhar No (Mandatory)

9. Nationality:  Sex:  Category:  Marital status:

10. Mail Id (Mandatory) \_\_\_\_\_

11. Details of Qualification:

Exam passed	Name of the School/college	Year of passing	University/ Board	Class Division	Subjects Taken	Aggregate % of marks
10th						
12th						
B.A/ B.SC/ B.Com or Eqvt						
M.A/ M.SC/M. Com or Eqvt						
Other						

12. Specify the Method Subjects: 1<sup>st</sup> Method  2<sup>nd</sup> Method

13. Name and Address of the School from which Deputed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Date of first appointment: \_\_\_\_\_

15. Date from which the Teacher is Approves: \_\_\_\_\_

16. Period of continuous approved service \_\_\_\_\_

(as on 30<sup>th</sup> June of this Year)

Date: \_\_\_\_\_

Full Signature of the Candidate

### DECLARATION BY THE CANDIDATE

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. I further declare that I shall abide by the rules and regulations of the Institute and The University. I am aware that my admission will be cancelled if the details furnished by me are proved to be wrong.

Place \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the Candidate

### DECLARATION BY THE FATHER/MOTHER/GUARDIAN

I hereby declare that I have known the financial obligations for the education of my ward and I can afford to pay all the cost / dues thereof. I undertake to pay the tuition and other fees payable to the College /the Institute/ the Academy under the rules which are in force and maybe framed from time to time by the Board of Management of the College/the Institute/the Academy. I am aware that the fees paid to the College / the Institute /the Academy for admission of my ward will be forfeited in case of his/her discontinuance of the studies for any reason whatsoever. I pledge to abide by rules and regulations stipulated by the concerned University or Board and I also stand guarantee for declaration given by my son/daughter/ward to the College /the Institute/Academy.

Place \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the Guardian

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### FOR OFFICE USE ONLY

Recommended/Not Recommended for Admission

Approved/Rejected

Admission officer

Signature: .....

Date.....