

Last date for submission of filled in application form 16.06.2017



**COLLEGE OF TEACHER EDUCATION (TW) :: BHADRACHALAM
BHADRADRI KOTHAGUDEM- DIST – 507 111.**

(Exclusively for Scheduled area Tribes, managed by ITDA, Bhadrachalam.)



Application for admission into D.El.Ed. Course for the year 2017–2019

<u>For Office use only</u>	
% of Marks: :	
Special Category :	
Full Signature of Scrutinizer	Verifying Official

*Recent passport size
Photo of the
Candidate should be
Affixed here. Signed by
the individual across*

- The application should be filled by the candidate in his own hand writing
- All the columns in the application should be filled carefully
- Read the prospectus carefully before filling the application

1. Name of the candidate :
(in Block Letters) (as per SSC memo)
2. a) Name of the Father/Guardian :
b) Occupation :
3. a) Address for Communication :
.....
.....
- Pin Code :
- Mobile Number :
- b) Permanent Address :
.....
.....
.....

4. Category to which the candidate belongs : ST, Sub-Caste:.....
5. Gender : Male/Female
6. Marital Status : Married/Unmarried
7. Date of Birth (as per SSC memo) :
8. Particulars of Education (Enclose attested copies of Study Certificates)
(It should be tallied with the memos)

Course	Institution	Place	District	Year of passing	% Marks
VI					
VII					
VIII					
IX Class					
SSC					
Intermediate					

09. Identification of Marks as per the School/College Records:

A)

B)

11.a) Qualifying Examination : Intermediate or

b) **A copy of consolidated memo of marks should be submitted**

Sl. No.	Intermediate Marks	Maximum Marks	Marks Secured	Percentage
01	1 st & 2 nd Year			

12. Particulars of Special Category

Specify the level with (✓) Mark if eligible.

a) National Cadet Corps (NCC)/Scouts if Participated
Needed document copies must be enclosed.

National level public day parade with C.B.A Certificate/Presidential Scout	N.C.C B-Certificate	N.C.C. A-Certificate

b) Sports/Games

Represented Nation	Represented State	Represented District

c) Physically Handicapped : Percentage of deficiency :
(Enclose the copy of certificate given by specified medical board)

d) Child of Armed Personnel : PARENT

Killed in Action	Disabled in Action	Recipients of Gallantry Awards	All other categories of Ex-Service men / in service personnel

Needed document copies must be enclosed.

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13. Enclose attested Xerox copies of the following certificates in the order mentioned below.

- Study Certificates from 6th to Intermediate.
- S.S.C Memo.
- Intermediate Memo.
- Transfer Certificate.
- Conduct Certificate.
- Integrated Caste Certificate issued by **TAHSILDAR**.
- Scheduled area Certificate issued by **TAHSILDAR ESSENTIALLY REQUIRED NOT BY THE OTHER OFFICIALS**.
- Income Certificate issued by **TAHSILDAR** (in case of fresher)
- Certificate from concerned authorities (in case of Spl - category).
- Self addressed envelopes - 2.
- Postal order for Rs.100/- (original)

N.B- The application will not be considered if any of the above required certificates is not enclosed and **criminal case** will be initiated in case of submitting fake certificates.

* ALL THE ORIGINAL CERTIFICATES SHOULD BE SUBMITTED AT THE TIME OF COUNSELLING / INTERVIEW. THEY WILL BE RETURNED AFTER THE COMPLETION OF THE COURSE. NO EXTRA TIME WILL BE GIVEN FOR THE SUBMISSION OF CERTIFICATES AFTER THE COUNSELLING/INTERVIEW DAY.

DECLARATION

I declare that the statements I have furnished above are true. I undertake fully that my admission will stand cancelled in case of any information furnished by me is found false or in-complete. I also undertake that, if I withdrawn from the college during the course of the year, I will have no right to claim for refund of the amounts I paid.

If admitted in the College of Teacher Education (TW), Bhadrachalam, I promise to abide by the Rules and Regulations of the College.

Signature of the Candidate

Station :

Date :

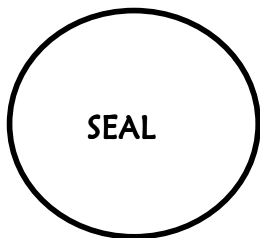
Signature of the Father / Guardian

Contd...4

SCHEDULED AREA CERTIFICATE

This is to certify that Sri _____
 S/o,D/o _____ Aged _____ years belongs to
 _____ tribe has been residing at _____
 village _____ Mandal of _____ District
 which falls within the scheduled area since 1950.

His/her parents have been residing at _____ village
 _____ Mandal _____ District which
 falls within the scheduled area since Date _____ month _____ year _____.



TAHSILDAR.

Name:

Seal.

Note: (To be signed by the Mandal Revenue Officer/Tahsildar concerned on the basis of G.O.Ms.No.3, dated 10-01-2000. It is essentially required. As the admissions are only for scheduled area tribal students, the above certification must be issued by the concerned **TAHSILDAR** only not by the others).

INDEMNITY BOND

I do hereby solemnly pledge that I will undergo the total duration of training programme of D.El.Ed Course. In case of my withdrawal in the middle of the Course due to any of my personal reasons, I do hereby undertake to pay back the fees and other expenditure spent on me and the scholarship amount received during the Course.

Date:

Signature of the Candidate

FOR OFFICE USE ONLY

Admitted :
 Rejected :
 Remarks :
 Date :

Principal