Tel: 0484-2608106,3108544, 9495820634



## ST. XAVIER'S TRAINING COLLEGE FOR WOMEN

## THOTTAKKATTUKARA, ALUVA-683 108

(Affiliated to M.G. University & Approved by NCTE)

www.stxavierstrainingcollege.com, xaverianb.ed@gmail.com

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

(All entries should be made with care by the applicant, incomplete application will be rejected)

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|------|----------|------------------------|-------------------|-------------------|---------------|--------------------|-----------|---------|
| 1.   | Name     | in full(IN B           | LOCK LETTERS      |                   |               |                    |           |         |
|      | As ent   | ered in the            | SSLC Book/Sch     | ool Certificate   |               |                    |           |         |
|      |          |                        |                   |                   |               |                    |           |         |
| 2.   | Expans   | sion of initi          | als, if any       |                   |               |                    |           |         |
|      | - D-+    | £  -:4 -               |                   |                   |               |                    |           |         |
| 3.   | a. Date  | e of birth             |                   |                   |               |                    |           |         |
|      | b. Reli  | gion                   |                   |                   |               |                    |           |         |
|      | b. Iteli | Біоп                   |                   |                   |               |                    |           |         |
|      | c. Sing  | le or marri            | ed                |                   |               |                    |           |         |
|      | J        |                        |                   |                   |               |                    |           |         |
|      | d. Age   |                        |                   |                   |               |                    |           |         |
|      |          |                        |                   |                   |               |                    |           |         |
|      |          |                        |                   |                   |               |                    |           |         |
| 4.   |          |                        |                   | ns are to be ser  |               |                    |           |         |
|      | סומ ווו) | ck letters)            | with District, Pi | n code & Phone    | e no          |                    |           |         |
|      |          |                        |                   |                   |               |                    |           |         |
| 5.   | Perma    | nent addre             | ess (in Block let | ters) with ph.nc  | ).            |                    |           |         |
|      |          |                        |                   |                   |               |                    |           |         |
|      |          |                        |                   |                   |               |                    |           |         |
| 6.   | a. Nan   | ne and add             | ress of parent/   | Guardian          |               |                    |           |         |
|      | u        |                        | . 235 G. pa. 2y   |                   |               |                    |           |         |
|      |          |                        |                   |                   |               | Tel.No. if any:    |           |         |
|      | h Dala   | . 4.1 a. a. a. la 1 a. |                   |                   |               | Dasidanas          |           |         |
|      | D. Keid  | ationship              |                   |                   |               | Residence:         |           |         |
|      | с. Оссі  | upation                |                   |                   |               | Office:            |           |         |
|      |          |                        |                   |                   |               |                    |           |         |
| 7.   | Does h   | ne/she belo            | ongs to Schedul   | ed Caste          |               | If so, mention the | community |         |
|      |          |                        |                   |                   |               |                    |           |         |
|      |          |                        | Scheduled Tri     | be                |               |                    |           |         |
| 8.   | Educat   | tional guali           | fications with r  | main              |               | B.A/ B.Sc.         | Main      | Sub     |
|      |          |                        | ects, indicate t  |                   |               | ,                  |           | 2 5.0   |
|      |          | , ,                    | ,                 | . ,               |               | M.A/M.Sc.          |           |         |
|      |          |                        |                   |                   |               |                    |           |         |
|      |          |                        | DETAILS OF MA     | ARKS              | Class/Divisio |                    |           |         |
|      |          |                        |                   | <u> </u>          | n             | -                  |           |         |
| B.A. |          |                        |                   |                   |               |                    |           |         |
| B.Sc |          |                        |                   |                   |               |                    |           |         |
|      |          |                        |                   |                   |               |                    |           |         |

| Μ.  | A/M.Sc       |               |                |                |             |       |   |
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|     |              | nly           |                |                |             |       |   |
|     | b.           | percenta      | ige of Marks   | for English    |             |       |   |
|     |              |               |                |                |             |       |   |
|     | 10. O        | ptional Su    | ibject preferi | ed for B.Ed C  | ourse       |       |   |
|     | 44 N         | C . I         |                | l: 1.C D       |             |       |   |
|     |              |               | ie college stu | died for Degr  | ee          |       |   |
|     | Co           | ourse         |                |                |             |       |   |
|     |              |               |                |                |             | 11    | Laborana Maria                                |
|     |              |               |                |                |             | Un    | Jniversity                                    |
|     | From         |               |                | To             |             |       |   |
|     | From         |               | o Collogo stu  |                |             |       |   |
|     | 12. IV       | ame or th     | ie College stu | died for PG C  | ourse       |       |   |
|     |              |               |                |                |             |       |   |
|     |              |               |                |                |             | Llo   | Jniversity                                    |
|     | From         |               |                | To             |             | UII   | Diliversity                                   |
|     |              | ame of th     | e College/ in  | stitution stud | ied last    |       |   |
|     |              | nd year of    | _              | occurron occur | ica iast    |       |   |
|     | ai           | iu year oi    | Study          |                |             |       |   |
|     | 14. Is       | she hand      | licapped?      |                |             |       |   |
|     | 11110        | 3116 114114   | псарреа.       |                |             |       |   |
|     | If           | 'Yes' indi    | cate the natu  | re             |             |       |   |
|     | 15. If       | you are a     | 1              |                |             |       |   |
|     |              |               |                |                |             |       |   |
|     |              |               |                |                |             |       |   |
| All | the particu  | ılars state   | d in this appl | ication are tr | ue to the b | est c | t of my knowledge and belief                  |
|     | ·            |               |                |                |             |       |   |
|     |              |               |                |                |             |       |   |
|     |              |               |                |                |             |       |   |
|     |              |               |                |                |             |       | Signature of the Applicant                    |
|     |              |               |                | _              |             |       |   |
|     |              |               |                | ט              | ECLARATIC   | N     |   |
|     |              |               |                |                |             |       | do horoby                                     |
| ١   |              |               |                |                |             |       | do hereby                                     |
|     | _            |               |                |                | -           | -     | espectus and promise to abide by the rules of |
| the | e College ar | nd the dec    | cisions of the | principal mad  | de from tin | ne to | to time.                                      |
|     |              |               |                |                |             |       |   |
|     |              |               |                |                |             |       |   |
| Da  | te:          |               |                |                |             |       |   |
| - 4 |              |               |                |                |             |       |   |
| Sta | ation:       |               |                |                |             |       | Signature of the Applicant                    |
|     |              |               |                |                |             |       |   |
|     |              |               |                |                |             |       |   |
|     |              |               |                |                |             |       |   |
|     |              |               |                | FC             | OR OFFICE   | USE   | E   |

| Nome of the student admitted |   |
|------------------------------|---|
| Name of the student admitted | : |
| Optional Subject             | : |
| Date of Admission            | : |
| Admission No                 | : |
| Signature of the Principal   | : |
|                              |   |

<sup>\*</sup>Attach copies of all mark lists attested by a gazette officer.