

## MASS COLLEGE OF EDUCATION

AFFLIATED TO TAMILNADU TEACHERS EDUCATION UNIVERSITY CHENNAI SALAI, KALLAPULIYUR (PO), KUMBAKONAM - 612 501.

## APPLICATION FORM FOR ADMISSION TO B.Ed.,

		Accredited	by NAAC W	ith 'B' Grade					
(To be filled in Block Letters)		YEAR	20 -	20 S	UBJEC	τ:			
Name with Initials (as it appears in Certificate)			111-25-110	1 7 7	Application No:				
Date of Birth	te of Birth Sex : Male Female					STRICTLY FOR OFFICE USE ONLY Course:			
Caste	SC ST BC MBC Others								
Religion				Roll No					
Nationality					Mark	s: (in%)			
Mother Tongue					_ [				
Father's /Guardian's Name									
Relationship of Guardian			71	4 .					
Occupation						Affix Latest, Passport Size			
Annual Income						Colour Photo			
Father's / Guardian's Phone No. (STD Code)	Cell No:		Off:						
Mother's Name									
Occupation									
Annual Income									
Mother's Phone No. (with STD Code)	Cell No	120							
Home Address for Communication	Post	:				Pin :			
	Taluk	:				State :			
	District	:				Country:			
Permanent Address (if different from above)	Street					Door No. :			
	Post	;				Pin :			
	Taluk	:				State :			
	District	:	12 24			Country :			
Local Contact Person (Local Kumbakonam if any)	Name	:			165				
	Phone	:							

		JALIFICATIONS attested copy to be		) No.of	Attempt :						
N		Degree & Maj	Clear		% of Marks						
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Entrance Exam	No.	Date :				Е.					
Name and Locat	tion of University:										
	Xerox Copies of Ma										
Sports / Games	Sports / Games Proficiency (Attach Certificates)				Extra Curricular Activities (Attach Certificates)						
20.22											
* II *_ II		DECLA	RATION	4			2 1 1				
do hereby dec submit that I EDUCATION in any relevant in	lare that the above consent to any de nay take in the eve formation is suppre	Sor e information are lisciplinary action nt that any informates essed. In submittir ulations of the colle	true as p that th tion given ng this ap	per original re- e manageme n above is four oplication for a	cord availate of MASS od to be fals dmission, I	ole with S COL e or ind promis	n me and I LEGE OF correct or if se that I am				
Place :		Date :		Sig	nature of the	Student	t				
hereby promise guardian, shall	that I shall stand	n of Mr / Miss / Ms by the declaration / daughter / ward o	by my S	Son/daughter/w	vard and tha	at I, as	a parent /				
Place :		Date :		Signature	e of the Pare	nt / Gua	rdian				
FOR OFFICE U	ISE ONLY					2.10					
Certificates verified by											
		Principal / Director/	Other Aut	thority 5	Signature	Da	ate				
Remarks if any						-					