Application No.: Phone: 04563-281619, 281814
Mobile: 99655 48403, 89733 35590

SRI SUNDARESWARI COLLEGE OF EDUCATION



(CO-EDUCATION)

Sivakasi Road, Malli – 626 141, Srivilliputtur Taluk, Virudhunagar District. Approved by NCTE and Affiliated to Tamil Nadu Teachers Education University.

APPLICATION FOR ADMISSION TO B.Ed., COURSE (2020-2022)

Affix recent 3.5 x 3.5 size Photograph

Note: 1) To be filled-in by the Candidate in his / her own handwriting.

2) Fut tick mark wherever needed.	
1. Name of the candidate	
(as per SSLC Certificate) in BLOCK Letters (Initial at the last column after a space)	
In English	
In Tamil	
2. Date of Birth : 3. Gender : Male / Female / Transgender	
(As per SSLC Certificate)	
4. Aadhar Number : 5. Religion :	
6. Community : OC/BC/BC(M)/MBC/DNC/SC/SC(A)/ST 7. Caste :	
8. Community Cert. No.: 9. Differently Abled: Yes / No (Physically / Visually 10. Father's Name Mother's Name Husband/Guardian's Name	/)
Transfer a reality and a reali	
11. Occupation of the Parent / Guardian : 12. Annual Income of the Parent / Guardian :	
13. Address for Communication	
District: Pin Code :	
Mobile No.(1):	•••
14. Pedagogy Subject Chosen in B.Ed., :	
15. Medium of Instruction : Tamil / English	

16. Educational Qualifications:

a)	a) Details of 10 th std. passed Reg. No									
	Month & Year of Pa	ssing		rks obtain	ed	% of	Marks			
b)	b) Details of +2 passed				Reg. No					
	Month & Year of Passing Marks obtained % of Marks									
UС	6. Degree Qualification	n for	Admission · (R	A / B Sc	/Blit)					
	College									
	Major Y		ar of Passing	Part-III & Part-IV Marks Obtained		Part-III & Part-IV Maximum Marks		Percentage of Marks (%)		
U.G. Degree Qualification for Admission : (B.E./ B.Tech.) College										
	Major		Year of Pa	CGP.		(Cumulative Point Average)	Percentage of Marks (%			
P.G. Degree Qualification for Admission : (M.A./ M.Com.) College										
	Major Year of Passing		ar of Passing	Total Marks Obtained in two Years		Maximum Marks in two Years		Percentage of Marks (%)		
				ECLARAT	ION					
	I/We declare that al	-				rrect and that w	e wil	I abide by the rules		
_	julations of the Institu	ulion.								
Date	Place: Date: Signature of the Parent / Guardian Signature of the Applicant									
				Office Us	<u>se</u>					
Please	Verify the Copies of	Origin	al Certificates	in the Adm	nission Ap	proval Camp (P	<u>lease</u>	put a tick mark)		
Community Certificate SSLC Marks Statement+2 Marks Statement										
UG Deg	gree Marks Statemer	nt	I Yr / II Yr / III `	Yr / CMS I	Provisiona	l	Degr	ree		
PG Degree Marks StatementI Yr / II Yr / CMS Provisional Degree										
Transfer Certificate										
					N	ame & Signatur	e of tl	he Verifying Officer		
Admitted in										

Details of Qualifying Examinations passed under 10+2+3 or 11+1+3 pattern of study.