

Application No: Z10001



Reg No(Office Use Only)

**DEPARTMENT OF EDUCATION
SCHOOL OF DISTANCE EDUCATION
BHARATHIAR UNIVERSITY
COIMBATORE – 641 046**

Application for the B.Ed., Programme : 20__

Preferred Entrance Examination Centre

Coimbatore <input type="checkbox"/>	Chennai <input type="checkbox"/>	Madurai <input type="checkbox"/>	Salem <input type="checkbox"/>
Trichy <input type="checkbox"/>	Cuddalore <input type="checkbox"/>	Tirunelveli <input type="checkbox"/>	Vellore <input type="checkbox"/>
Villupuram <input type="checkbox"/>	Thanjavur <input type="checkbox"/>	Mailadudurai <input type="checkbox"/>	Nagarcoil <input type="checkbox"/>
Krishnagiri <input type="checkbox"/>	Dindigul <input type="checkbox"/>	Ramanathapuram <input type="checkbox"/>	

UG Major Subject

Tamil <input type="checkbox"/>	Social Science <input type="checkbox"/>
English <input type="checkbox"/>	Computer Science <input type="checkbox"/>
Maths <input type="checkbox"/>	Economics <input type="checkbox"/>
Science <input type="checkbox"/>	Commerce <input type="checkbox"/>

Affix your recent
Passport size colour
photograph here

1. Name of the Candidate (in Block letters) as per SSLC Mark sheet

.....
(Name of the Candidate if changed subsequently enclose the relevant document)

{Specimen Signature inside the box}

2. Parents / Spouse Name:

3. Date of Birth: Day Month Year

4. Age :

5. Gender : Male Female

6. Name and Address for Communication(in block letters)

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.....
.....

City..... State

Pin Code Mobile No

Phone with STD Code..... E- mail.....

7. Community : OC BC BCM MBC-DNC SC SCA ST

8. Special Category : Wards of Ex-Service Man Physically and Visually Challenged

(Attach the relevant Certificate for community and special category issued by the Thasildar/Defence authority / Medical Director)

9. Educational Qualification

S.No	Examination Passed	School/College Studied	Board/ University	Major Subject	Month & Year of Passing	Total Percentage of Marks for Major and Allied / Ancillary Subject
1.	SSLC / 10 th					
2.	PUC / 12 th					
3.	UG					
4.	PG					

(Enclose the attested xerox copy of the mark statement)

10. Teaching Experience (in chronological order as in-service certificates issued)

Name & Address of the Approved School	Nature of the Post held / Holding	Period of Employment		Total Years and Month of Experience	
		From	To	Year	Month

11. Fees Details for download application only

DD No	Amount	Date	Bank	Branch

12. Declaration

I hereby certify that the above details are true and correct. In case of any particulars furnished in this application is found incorrect and / any certificate submitted is found to be a forged one, I agree to forfeit my admission, no matter at what stage of the course I will be at that time.

Place :

Date :

Signature of the Applicant

Mailing Address	Mailing Address
Name :	Name :
Address :	Address :
.....
.....
Dist :	Dist :
Pin Code :	Pin Code :
Mobile No:.....	Mobile No:.....
Landline with STD Code:.....	Landline with STD Code:.....



SCHOOL OF DISTANCE EDUCATION
BHARATHIAR UNIVERSITY
B.Ed. Programme - 2015-2017

Paste your
passport size
colour photograph
attested by the
Head of the
Institution

HALL TICKET FOR ENTRANCE EXAMINATION

Register No:

(Office Use only)

Name of the Candidate :

Date of Examination :

Examination Centre :

Optional Subject I (the major subject of the UG degree):

Address :

.....

.....

Pin Code: Mobile:Landline with STD Code.....

Controller of Examinations

Signature of the Candidate

Signature of the Chief Superintendent

SERVICE CERTIFICATE

This is to certify that Mr. / Ms.

Mrs. _____

_____ has served / been serving
as a teacher in this school since (month and year) _____ as Post
Graduate / Graduate / Primary / Upper Primary / Nursery / Matric Teacher. He / She have
_____ years of teaching experience as on (Date, Month and Year)
_____. This school is a Government / Govt.Aided / Unaided / Matric
school dully recognized by the Central / State Government.

Letter no : and date _____. Temporary / Permanent

Signature of the Principal / Headmaster / Headmistress / Secretary / Correspondent

Place:

Date:

Name of the signatory with Designation,
Address and official seal

Institution Seal: