

PATTOM THANUPILLAI MEMORIAL COLLEGE OF EDUCATION

MARUTHOORKONAM, KOTTUKAL P.O.

(Via) BALARAMAPURAM, THIRUVANANTHAPURAM (Dist.)-695501

Phone : 0471-2267420



APPLICATION NO

APPLICATION FOR ADMISSION TO THE B.Ed. COURSE

(20 - 20)

(All entries to be made in BLOCK LETTERS. USE (✓) MARK WHEREVER NECESSARY)

Affix
Passport size
photograph

1. OPTIONAL SUBJECT CHOSEN :

PERSONAL DATA

2. NAME OF APPLICANT :

3. ADDRESS :

Permanent :

Present :

Pin :

Pin :

Mobile :

Phone :

Mobile :

Phone :

4. AGE & DATE OF BIRTH DAY MONTH YEAR SEX M F

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5. MARITAL STATUS : MARRIED UNMARRIED

6. NAME OF PARENT / GUARDIAN

7. OCCUPATION OF PARENT / GUARDIAN	ADDRESS :	ANNUAL INCOME
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8. COMMUNITY AND RELIGION :

9. MARK IF THE APPLICANT BELONGS TO: SC ST OEC OBC GENERAL

EDUCATIONAL DATA

10. GRADUATION B.A B.Sc YEAR UNIVERSITY

11. POST GRADUATION MA MSc MCom Year University

12. MARKS OBTAINED

Graduation (B.A/B.Sc)	Subjects	Max. Marks /CGPA	Marks /CGPA obtained	% of score	Class/ Grade obtained	Month & Year of passing
PART I - Eng. Language						
PART II - Additional Language						
PART III - Core/Main Subject						
Subsidiary/Complimentary Subject-I						
Subsidiary/Complimentary Subject-II						
Open Course if any						
CGPA(S) / Total Marks						
Grand Total/CGPA (Part I + Part II + Part III)						
Post Graduation (M.A/M.Sc/M.Com)						

GENERAL DATA

13. TEACHING EXPERIENCE : YES NO

14. IF, YES ; Length of Service : Y M D

Name of School/College.....

Government Aided Unaided

15. ACHIEVEMENTS IN SPORTS/GAMES/ARTS etc..

National Level State Level University Level

16. ANY OTHER DETAILS SUPPORTING ADMISSION :

DECLARATION

- A. I DO HEREBY DECLARE THAT THE FACTS GIVEN IN THE APPLICATION ARE TRUE
- B. I WILL MAKE AVAILABLE TO THE COLLEGE AUTHORITIES ALL ORIGINAL CERTIFICATES, CONNECTED WITH THE ADMISSION.
- C. I HAVE ATTACHED THE ATTESTED COPIES OF ALL NECESSARY DOCUMENTS IN SUPPORT OF THE APPLICATION.
- D. IF SELECTED FOR THE COURSE, I UNDERTAKE TO ABIDE BY ALL THE RULES AND REGULATIONS PRESCRIBED FOR THE COURSE BY THE COLLEGE.

Place :

Date :

Name & Signature : 1. Applicant :

2. Parent/Guardian :

FOR OFFICE USE ONLY

- 1. QUOTA :
- 2. ADMISSION NO :
- 3. OPTIONAL SUBJECT :
- 4. DATE OF ADMISSION :

PRINCIPAL