

PATTOM THANUPILLAI MEMORIAL INSTITUTE OF TEACHER EDUCATION

(Recognised by N.C.T.E New Delhi & Govt. of Kerala)

Maruthoorkonam

Kottukal.P.O. , Balaramapuram, Thiruvananthapuram-695501

Phone: 0471-2267089

Mobile: 9447704672

APPLICATION FOR ADMISSION TO D.EL.Ed. COURSE (4 Semesters)- 20....-20.....

1. Name of Applicant :
(In Block CAPITALS)

2. Name of Father/Mother :

3. Name of Guardian/Local guardian :
(if any) and the relationship with pupil

Ph:

4. Address with PINCODE :

5. Hostel Facility required or not :

6. Phone No. with code :

7. Sex :

8. Religion :

9. Caste

10. Age & Date of Birth :

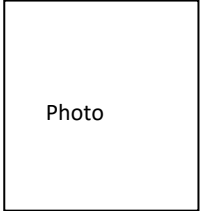
11. Whether SC,ST or OEC :

12. If SC, ST or OEC :

a) Zero balance Account No :

b) Name of Bank :

c) AADHAAR No. :



13. Marks obtained in +2 Examination : +2/VHSE/CBSE/ICSC/Pre-Degree

Register No.....Month & Year of Passing.....No. of Chances.....

	Subject	Max Marks	Marks Obtained	Grade	Remarks
i					
ii					
iii					
iv					
v					
vi					
vii					
viii					
ix					
x					
Total marks obtained		Percentage of marks			

14. Medium required : English/Malayalam

15. Additional Qualification if any :

DECLARATION

We hereby declare that the information furnished above are true and we are in possession of necessary documents to prove the facts. Also declare that if admitted we are ready to obey all the rules and regulations of the Institute of Teacher Education.

Place : Name & Signature of Student :

Date : Name & Signature of Parent :

List of documents to be attached along with the application(Photocopy) Attested

- i. Certificate of the Qualifying examination
- ii. Transfer Certificate
- iii. Conduct Certificate
- iv. Community and Income Certificate
- v. If SC/ST/OEC
 - (a) AADHAAR
 - (b) Bank Account Passbook