SWAMI SAHAJANAND SARASWATI B.Ed. COLLEGE Sector VIII B, Bokaro Steel City, Bokaro Jharkhand 827009

Mob: 91-923430 2224, E-mail: <u>ssbedc8@gmail.com</u>, Web: ssssansthan.in Recognized by the NCTE (Bhubaneswar)

Approved by Govt. of Jharkhand Affiliated to VBU, Hazaribag Application form for Admission in B.Ed. Course for the session 20_ _ - 20 _ _

For office use only					
Session: Category:Poi	nt:				
Roll NoSubject: 1		Photo			
Optional Paper : Pedagogy:					
Coordinator: Principal :					
To The Principal Swami Sahajananad Saraswati B.Ed College , Bok	aro Steel City				
Respected Sir, I Smt/Miss/Mr		oply for admission to the B.Ed			
(Two Years course) in your college. Session 20 I give below the necessary particulars :	20				
नाम (देवनागरी लिपि में)					
(Write in Capital Letters)					
Name of the Candidate :					
Father's Name/Husband's Name :					
3. Mother's Name :					
4. Permanent Address :					
Dist. :	State :				
Pin :	Nearest Railway Station :				
5. Address for correspondence :					
Dist. :	State :				
Pin :	Nearest Railway Station :				
6. Mobile No	E-mail :				
	9. Sex : Male/Female (Please tick)				
(As per School Certificate) 8. Marital Status :	11. Nationality :				

9. Category	: Gen/B0	C-I/BC-II/SC/ST/PH C/NO:	1	3. Blood Grou	up :		_
14. Degree ir	n Graduati	on (Honours/Pass) :					
(a) Sub	ject offere	d I n Honours :					_
(b) Sub	jects offer	ed in Subsidiary : (i)		(ii)			_
(c) Sub	ject offere Number	ed in Pass course with marks	s : (i)				_
		Post Graduate :					_
17. Percenta	ige of Mar	ks in PG subject :	·····	·			_
18. Name and	d Address	with phone no. of local guar	rdian :				_
19. Details of	Academi	c Qualification:					
Examiniation Passed	Year of Passing	Annual/Compt./Supl./Annual. Compt.	Div/Class	Full Marks	Marks obtained	% of marks	For office use (Point)
Matriculation (10 th)							
I.Sc./I.A./I.Com (+2) (tick)							
B.A./B.Sc./B.Com (tick) Pass Hons							
M.A./M.Sc./M.Com (tick)							
Others Sports.	(Write "S	State"/"National"/"C"/"NA"	I		l		
(*NA : Not applie	`						
		Date	:		Amount : _		_
Name o	f the Bar	nk :		Payable at: _.			
	nly decla dge and b	re and certify that particul pelief.	ars as furni	shed above	are true to t	he best of my	
		_			S	signature of Ap	oplicant
		De	claration				
l,	admissis	on to the B.Ed. course her	_ son/daug	hter of	rules and r	ogulations of	
College/Univers classes, library, regulation of B.E.	ity failing tutorial, l Ed. cours	which my admission may Practical work, Internship e and directive issued by mitting No Objection Cert	y be cancel , sessional the College	led at any tir work, other a e/University.	ne. I, further allied activiti I, also decla	declare to att es as per pres are that I am n	end scribed ot
employer &I am	not asso	ociated with any other voc Full-time/Autonomous bo	ation. I sole	emnly declar	e that I won'	t join any job-	·
course.			ody/Corpora			: completion	
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INSTRUCTIONS

- 1. No item of this application should be kept vacant. Mention 'Yes/No or 'Not' applicable wherever necessary. Incomplete applications are liable to be rejected.
- 2. The admission made by the college is provisional. The principal of the college reserves the rights to cancel the admission of student at any stage if it is detected that admission is against rule.
- 3. Admission will be granted subject to the submission of all certificates required as per rules.
- 4. Enclose Self attested copies of the following:
 - ✓ Matric + Inter : Mark Sheet, Admit Card and Certificate
 - ✓ Three years Marks Card, Admit Card of graduation
 - ✓ Transfer Certificate (Original)
 - ✓ Domicile of Jharkhand , Income Certificate
 - ✓ Address Proof with Aadhar Card
 - ✓ Migration Certificate (for the application coming from the non VBU, Hazaribag University) Original
 - ✓ Character Certificate (from the Institutions last attended)
 - ✓ No Object permission certificate in case of employee.
 - ✓ Certificate for extra curriculum activities/others.

SWAMI SAHAJANAND SARASWATI B.Ed COLLEGE, SEC 8B

UNDERTAKING BY STUDENTS (Rs. 10 Stamp Paper)

l	S/O, D/O: Shri			
Address				
Session	Roll No			
Aaadhar No	of Swami Sahajanand Saraswati B.Ed			
College here by underta	te to follow the following:			
 Attend all the Attend all the I shall pay the I will not clain deposit. 	for cancellation of admission or refund the			
I fully understand the al	ove conditions and agree to follow.			
Witness 1.	Student's Signature:			
2.	Date:			