Subject:_____

Application No.

K.M. College of Teacher Education

KP.8/478 VARAMBILMANNU, P.O. VALILLAPUZHA, AREEKODE, MALAPPURAM (Dt)
KERALA - 673 639, INDIA, PH : 0483 2759955
kmcollege@yahoo.com

Space for affixing photograph

Application for admission to B.Ed Course 20 20

1. (a) Name of the applicant (in block letters)

   (b) In malayalam

2. Expansion of initials

3. Permanent Address (With pincode and phone)

   Land phone:
   Mobile :

   Present Address (With pincode and phone)

   Land phone:
   Mobile :

4. Gender : Male Female

5. Date of Birth

6. Age

7. (a)Place of birth (b)Taluk

   (c) Village (d) District

8. Nationality

9. Marital status Married Un married

10. Religion (b) Cast

11. State whether SC ST OEC OBC FC EWS

12. Full name and address of parent or guardian
    (in the case of married woman, Name and address of the husband)

13. Relationship with the applicant

    Occupation Annual income

14. Are you physically handicapped?
    If Yes, attach proof

15. Name of the institution from which the applicant appeared for the SSLC Examination

    Reg. No. Month & Year

16. Name of the institution from which the applicant appeared for the +2 / PDC examination

    Reg.No. Month & Year

17. Name of the college and university from which the applicant appeared for the qualifying examinaion

Marks obtained

Part	Subject	Marks Obtained	Maximum Marks	Percentage of Marks	Class / Grade	Reg. No and year of passing	Name of University
I							
II							
III Main							
Subsidiary I							
Subsidiary II							
Total for Part III							
M . A . M.Sc.							
M.Com							
CGPA							

I do hereby declare that the particulars given above are correct to the best of my knowledge and belief. I hereby undertake that if admitted I would abide by the rules of the college and obey the orders and instructions of the principal and the staff

Signature of the applicant

I do hereby guarantee the good conduct of my ward and assure payment of all the fees of the college during the course of study.

Signature of Parent or Guardian

Place :

Date :

Signature of Certifying authority

Name :

Designation :

Seal

Space for use in the college office

For office use only

Index Marks

Percentage

Weightage

Total

Admit to optional class.

Admission No.

Principal