

Ashwathama College OF TEACHER EDUCATION

Approved by NCTE, Jaipur, Govt. of India, (Affiliated to Shree Dev Suman Uttarakhand Vishwavidhalaya, New Tehri)
Ashwathama College Campus, kalagaon, Sahastradhara Road, Dehradun, Uttarakhand - 248 001
Phone No. 0135-2607124, 2655680 Fax No. 2607124 Web Site: www.ashwathamacollege.com
E- Mail: ashwathamacollege@gmail.com

Registration Form-2015-17

Affix your
recent
passport size
photograph

1. Personal Data:

Name _____

Date of Birth: Sex (Tick) Male Female
D D M M Y Y

Nationality _____ Category (Gen/SC/ST/OBC) _____

Mailing Address _____

Tel. No. (With STD Code) _____ Mobile No. _____

Permanent Address _____

Mother's Name _____

Father's Name _____ Occupation _____

Father's Mobile/Landline Number _____

2. Course Opted:

B. Ed. M.Ed.

Academic Details

S. No.	Examination	Subject	Year of Passing	Max. Marks	Marks Obtained	%age
1	Intermediate (10+2)					
2	Graduation Details					
3	Post Graduation Details					
4.	Others (If Any)					

5. University Entrance Exam Roll No _____

6. Entrance Examination Marks/Rank _____

7. Language Proficiency

Hindi	English	Other (Specify)		
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8. Parents Information

Parent Name	Occupation	Organization	Designation	Specimen Signature
Father				
Mother				

Declaration

I declare that information furnished by me in the application form is true in all respects and in case any entry or information is found to be false, this shall automatic cancellation of my admission besides rendering me liable to such action as the University may deem proper. I hereby undertake that I have carefully gone through the eligibility conditions prescribed in the prospectus (Website) for the program I am applying for and shall appear in the entrance examination/Direct counseling of the Institute after satisfying myself that I do fulfill the same.

If at any stage it is found I do not fulfill the minimum prescribed eligibility criteria of the University my admission granted by the Institute be cancelled and I will have no right /claim towards the Institute.

Date - - Place Mobile

Telephone (Including STD Code) Fax No.

Parent Signature _____

Student Signature _____

Form No.

For Office Use Only

Name of Students Course

Address Father's Name

Checked by: _____ Cleared By: _____

Name & Signature: _____ Name & Signature: _____