

Form No.-



# DHALI INSTITUTE OF TEACHER EDUCATION

Recognised from NCTE, ERC, Bhubaneswar, Affiliated from WBBPE & WBUTTEPA  
 VILL. - CHALTABERIA, P.O. - MURARISHA, P.S. - HASNABAD, DIST.-NORTH 24 PARGANAS, PIN.-743456  
 Contact - 9735762521, E-mail - info@дитеindia.org

PASTE  
 RECENT  
 PASSPORT  
 SIZE COLOR  
 PHOTO

## ADMISSION CUM DATABASE FORM

1	Candidate's Name (In BLOCK Letters)											
COURSE DETAILS (For Office use only)												
2	Academic Session	2019-2021				3	Course	D. El. Ed.				
4	Section					5	Roll No					
6	Admission No.					7	Admission Date	DD	MM	YYYY		
PERSONAL DETAILS (To be filled by Candidate in BLOCK letters)												
8	Date of Birth	DD	MM	YYYY	9	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others					
10	Caste	<input type="checkbox"/> GEN	<input type="checkbox"/> SC	<input type="checkbox"/> ST	<input type="checkbox"/> OBC A	<input type="checkbox"/> OBC B	Sub-Caste					
11	Religion	<input type="checkbox"/> Hindu <input type="checkbox"/> Islam <input type="checkbox"/> Christian <input type="checkbox"/> Other _____				12	Blood Group					
13	Identification Mark											
14	Type of Disability	(if applicable)				15	Marital Status					
16	Aadhaar Card Number											
17	Voter Card No					18	PAN					
CONTACT DETAILS (To be filled by Candidate in BLOCK letters)												
19	House No./Village/Para/Road											
20	Post Office					21	Police Station					
22	Block / Municipality					23	District					
24	PIN					25	Contact No.					
26	E-mail Address											
PARENT DETAILS (To be filled by Candidate in BLOCK letters)												
27	Father's Name											
28	Education					29	Occupation					
30	Contact No.											
31	Mother's Name											
32	Education					33	Occupation					
34	Contact No.											
35	Guardian's Name											
36	Occupation					37	Relation					
38	Contact No.											
39	Annual Family Income											
APPLICATION DETAILS (To be filled by Candidate in BLOCK letters)												
40	Application ID											

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41	Medium		42	Category	
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**ACADEMIC DETAILS OF HIGHER SECONDARY OR EQUIVALENT (To be filled by Candidate in BLOCK letters)**

43	Institute Name								
44	Name of Exam			45	Board/Council				
46	Year of Passing	MARKS DETAILS	LANG	SUB 1	SUB 2	SUB 3	SUB 4	TOTAL	% of Total
47	Higher Qualification (If any)								

**MIGRATION DETAILS (In case Candidate Migrating from another University)**

48	Migration Certificate No									
49	Migration Certificate Issue Date			DD	MM	YYYY				

**BANK DETAILS (To be filled by Candidate) (Required for Candidates eligible for Govt. grants)**

50	Account Number													
51	Name of Bank													
52	Branch				53	IFS Code								

**Documents To be Submitted with the Form**

- Self-attested photocopies of the following documents-
1. Aadhar Card / Voter Card for Photo ID proof
  2. Madhyamik or Equivalent Examination Admit Card and Marksheet
  3. Higher Secondary or Equivalent Examination Marksheet
  4. School/College Leaving Certificate
  5. Graduation Marksheet & Certificate (If applicable)
  6. University Registration Certificate & Migration Certificate (If applicable)
  7. Caste Certificate (If applicable)
  8. Bank Account Passbook (If applicable for Govt. Grants)
  9. Recent passport size colour photographs (4 nos.)

**DECLARATION**

I, hereby, declare that, the entries made by me in the Application Form are complete and true to the best of my knowledge and based on records and undertake to present the original documents immediately upon demand by the concerned authorities of the Institute. I, further declare that, my admission may be cancelled, if I am found ineligible and/or the information provided by me are found to be incorrect. I, hereby, promise to abide by the admissible rules and regulations, concerning discipline, attendance, etc. of the Institute and also to follow the Code of Conduct prescribed for the Students of the Institute, as in force from time to time. I, hereby declare that, I will neither join in any coercive agitation/strike for the purpose of forcing the authorities of the Institute to solve any problem, nor I will participate in any activity which has a tendency to disturb the peace and tranquility of life of the campus. I, hereby promise to pay the course fees and other charges timely.

Place											
Date	DD	MM	YYYY	----- <i>Signature of the Parent/Guardian</i>				----- <i>Full Signature of the Candidate</i>			

**COURSE FEES DETAILS (For Office use only)**

Total Contract Amount													
Initial Payment							Monthly Amount Payable						

<i>Signature &amp; Seal of the Verifying Authority</i>						<i>Signature &amp; Seal of the Head of Institution</i>					
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