



**APPLICATION FORM FOR APPEARING IN THE COMMON ENTRANCE TEST
FOR ADMISSION TO THE 2-YEAR B.Ed. PROGRAMME OF
DIBRUGARH UNIVERSITY
SESSION : 2016-2018**

1. Name of the candidate

in Full (Block letters) : Surname Name Middle Name

Mr./Mrs./Ms.			
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2. Address for Correspondence:

PIN _____

Mobile/ Tel.No.(with STD Code) _____ e-mail _____

3. Father's/Guardian's Name and Address:

Name _____

Address _____

PIN _____

Mobile/Tel No (with STD Code) _____ E.mail _____

4. Date of Birth :

Day

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Month

--	--

Year

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5. Nationality : _____

6. Sex : (Please tick)

Male

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Female

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7. Community (Please tick) :

SC

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ST(P)

--

ST(H)

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OBC/MOBC

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General

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8. Whether differently abled ? (Please tick)

YES

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NO

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(If yes, please attach Medical Certificate issued by the Joint Director
of Health Services of the District concerned)

9. Highest Educational Qualification:

Examination passed	University	Roll No.	Year of Passing	Divn./Class

10. Centre in which the candidate would like to appear (Please see the list of Examination Centres for B.Ed. CET- 2016)

Centre Code	Name of the Test Centre

11. Particulars of submission of fees for the Common Entrance Test (CET):

Deposit the Entrance Fee of **Rs.500/-** of **B.Ed.CET, 2016** at **any branch** of the **Punjab National Bank** or **State Bank of India** using the prescribed Bank Challan available with the Application Form. **(Note: No Chaque, Draft or Cash shall be accepted.)**

(a) Bank Challan Journal No. : (b) Amount:

(c) Bank Challan Date :

d	d	m	m	y	y	y	y

Declaration

I declare that the information given above are true and complete to the best of my knowledge and belief and if any of these is found to be incorrect, my admission shall be cancelled and I shall be liable to such other disciplinary action as may be decided upon by the University.

Date:

Signature of the candidate

Place:

**COMMON ENTRANCE TEST FOR ADMISSION TO 2-YEAR B.Ed
PROGRAMME OF DIBRUGARH UNIVERSITY, SESSION : 2016-2018**

ATTENDANCE SLIP FOR USE AT THE TEST CENTRE

(TO BE KEPT WITH OFFICER IN-CHARGE OF CENTRE)

FOR USE ON THE DAY OF EXAMINATION

Sl. No.

NAME _____

ROLL NO. :

1	6						
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Affix
Passport
Size
photograph
here

DATE OF TEST : 12.06.2016

TIMING	SIGNATURE OF THE CANDIDATE (to be signed at the time of examination)
11.00 A.M. To 12.30 P.M.	

Signature of the Candidate

Signature of Officer-in-charge

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**COMMON ENTRANCE TEST FOR ADMISSION TO 2-YEAR B.Ed
PROGRAMME OF DIBRUGARH UNIVERSITY, SESSION : 2016-2018**

ADMIT CARD

Sl. No.

ROLL NO. :

1	6						
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Test Centre _____

Place of Test _____

Name of the Candidate _____

Father's/Mother's Name _____

Address for Correspondence _____

_____ PIN

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Affix
Passport
Size
photograph
here

Date of Test : 12.06.2016

Time : 11:00 A.M. TO 12:30 P.M.

Signature of the Candidate

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