

**APPLICATION FORM FOR APPEARING IN THE COMMON ENTRANCE TEST  
FOR ADMISSION TO THE 2-YEAR B.Ed. PROGRAMME OF  
DIBRUGARH UNIVERSITY  
SESSION : 2015-2016**

Sl. No.

A printed copy of the completed form shall have to be submitted to the B.Ed CET Cell, DU, Education Department, Dibrugarh University / College/institution on or before 25.05.2015

Affix  
Passport  
Size  
photograph



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 Name : \_\_\_\_\_

4. Father's/Guardian's (if father is dead) Name, Occupation and Address :

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ PIN \_\_\_\_\_

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

5. Mother's Name : \_\_\_\_\_

6. Date of Birth :                      Day                      Month                      Year

(According to the HSLC Certificate)

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7. Nationality : \_\_\_\_\_

8. Sex : (Please tick)                      Male                       Female

9. Community (Please tick) :                      SC                       ST(P)                       ST(H)                       OBC/MOBC

General

(Attach Certificate in case of SC/ST/OBC/MOBC)

10. Whether differently abled ?                      YES                        NO

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

11. Whether employed in a Secondary School recognized up to 10<sup>th</sup> standard by the SEBA ? YES  NO   
 (If yes, procedure Experience Certificate from the Employer concerned)
12. Educational Qualification :

Examination passed		University	Roll No.	Year of Passing	Divn. /Class	Maximum Marks	Marks secured (Major + Non Major)	Subjects taken
Bachelor's Degree	under Semester mode	1 <sup>st</sup> Semester						
		2 <sup>nd</sup> Semester						
		3 <sup>rd</sup> Semester						
		4 <sup>th</sup> Semester						
		5 <sup>th</sup> Semester						
		6 <sup>th</sup> Semester						
		Total for All Semesters						
	Annual Mode	1 <sup>st</sup> Year						
		2 <sup>nd</sup> Year						
		3 <sup>rd</sup> Year						
Total								
Master's Degree								

13. Centre in which the candidate would like to appear (Please see the list of Examination Centres for CET- 2015)

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

[The prescribed amount of fees of Rs. 500.00 (Rupees five hundred only) should be deposited at any branch of **State Bank of India** in the Account No. – **32961969496** through **BANK CHALLAN**, which can be downloaded from the Dibrugarh University website : [www.dibru.ac.in](http://www.dibru.ac.in)]

**Note : No Cheque, Draft or Cash shall be accepted**

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

(c) Bank Challan Date : 

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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 : 2015-2016**

**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	5					
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**DATE OF TEST : 14.06.2015**

Affix  
Passport  
Size  
photograph

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

Signature of the Candidate

Signature of Officer-in-charge

✂ .....

**COMMON ENTRANCE TEST FOR ADMISSION TO 2-YEAR B.Ed  
PROGRAMME OF DIBRUGARH UNIVERSITY, SESSION : 2015-2016**

**Admission Card**

Sl. No.

ROLL NO. : 

1	5					
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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

<b>Date of Test : 14.06.2015</b>	<b>Time : 11:00 A.M. TO 12:30 P.M.</b>
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Signature of the Candidate

Signature of Officer-in-charge