



Application No. : Z

Reg No. (Office Use Only)

**DEPARTMENT OF EDUCATION
SCHOOL OF DISTANCE EDUCATION
BHARATHIAR UNIVERSITY
COIMBATORE - 641 046**

Application for the B.Ed., Programme : 20__

Preferred Entrance Examination Centre

Coimbatore <input type="checkbox"/>	Chennai <input type="checkbox"/>	Madurai <input type="checkbox"/>	Salem <input type="checkbox"/>
Trichy <input type="checkbox"/>	Cuddalore <input type="checkbox"/>	Tirunelveli <input type="checkbox"/>	Vellore <input type="checkbox"/>
Villupuram <input type="checkbox"/>	Thanjavur <input type="checkbox"/>	Mailadudurai <input type="checkbox"/>	Nagarcoil <input type="checkbox"/>
Krishnagiri <input type="checkbox"/>	Dindigul <input type="checkbox"/>	Ramanathapuram <input type="checkbox"/>	

UG Major Subject

Tamil <input type="checkbox"/>	Social Science <input type="checkbox"/>
English <input type="checkbox"/>	Computer Science <input type="checkbox"/>
Maths <input type="checkbox"/>	Economics <input type="checkbox"/>
Science <input type="checkbox"/>	Commerce <input type="checkbox"/>

Affix your recent
Passport size colour
photograph here

1. Name of the Candidate (in Block letters) as per SSLC Mark sheet

.....[Specimen Signature inside thebox]
(Name of the Candidate if changed subsequently enclose the relevant document)

2. Parents / Spouse Name :

3. Date of Birth : Day Month Year

4. Age : years

5. Gender : Male Female

6. Name and Address for Communication (in block letters)

.....
.....
.....

City..... State.....

Pin Code Mobile No.

Phone with STD Code E-mail

7. Community : OC BC BCM MBC-DNC SC SCA ST

8. Special Category : Wards of Ex-Service Man Physically and Visually Challenged

(Attach the relevant Certificate for community and special category issued by the Thasildar / Defence authority / Medical Director)

9. Educational Qualification

S. No.	Examination Passed	School / College Studied	Board / University	Major Subject	Month & Year of Passing	Total Percentage of Marks for Major and Allied / Ancillary Subject
1.	SSLC / 10th					
2.	PUC / 12th					
3.	Diploma in Teaching Education					
4.	UG					
5.	PG					

(Enclose the attested xerox copy of the mark statement)

10. Teaching Experience (in chronological order as in-service certificates issued)

Name & Address of the Approved School	Nature of the Post held / Holding	Period of Exmployment		Total Years and Month of Experience	
		From	To	Year	Month

11. Fees Details for download application only

DD No.	Amount	Date	Bank	Branch

12. Declaration

I hereby certify that the above details are true and correct. In case of any particulars furnished in this application is found incorrect and / any certificate submitted is found to be a forged one, I agree to forfeit my admission, no matter at what stage of the course I will be at that time.

Place :

Date :

Signature of the Applicant

Mailing address	Mailing address
Name :	Name :
Address:.....	Address:.....
.....
.....
District :	District :
Pin Code :	Pin Code :
Mobile .No :	Mobile .No :
Landline with STD Code :	Landline with STD Code :

**SCHOOL OF DISTANCE EDUCATION
BHARATHIAR UNIVERSITY
B.Ed Programme - 2016 - 2018**

Paste your
passport size
colour photograph
attested by the
Head of the
Institution

HALL TICKET FOR ENTRANCE EXAMINATION

Register No :

(Office Use only)

Name of the Candidate :

Date of Examination :

Examination Centre :

Optional Subject I (the major subject of the UG degree) :

Address :

.....

.....

Pin Code : Mobile : Landline with STD Code

Controller of Examinations

Signature of the Candidate

Signature of the Chief Superintendent

SERVICE CERTIFICATE

This is to certify that Mr. / Ms. Mrs. _____

_____ has served / been serving

as a teacher in this school since (month and year) _____ as post

Graduate / Graduate / Primary / Upper Primary / Nursery / Matric Teacher. He / She has

_____ years of teaching experience as on (Date, Month and Year)

_____. This school is a Government / Govt. Aided / Unaided / Matric

school dully recognized by the Central / State Government.

Letter No : and date _____. Temporary / Permanent

Signature of the Principal / Headmaster / Headmistress / Secretary / Correspondent

Place :

Date :

Name of the signatory with Designation,
Address and official seal

Institution Seal :