Sl.No

Application No.

Reg. No. | | | | |

R.P.A. COLLEGE OF EDUCATION

(Approved by NCTE and Affiliated to Tamil Nadu Teacher's Education University, Chennai)

MAMOOTTUKKADAI, VIRICODE P.O., MARTHANDAM - 629 165,
Kanyakumari Dist, Phone: 04651-272092, Mob: 9486625574
E-Mail:rpacollege@ yahoo.in, WebSite: www.rpainstitute.org

APPLICATION FORM FOR ADMISSION TO B.Ed. COURSE

NAME AND ADDRESS OF APPLICANT :

Stamp Size Photo

1. NAME (in English) :
   (in Tamil) :

2. Date of Birth : 3. Sex : Male / Female 4. Religion :

5. Nationality : 6. Caste / Community : 7. | OC | BC | MBC | SC | ST | DNC |

8. Name of Parent / Guardian :
   Mother's Name :

9. MONTHLY INCOME | | | | | | |

10. Address for communication
    Mobile No :
    Landline No :

11. Mother Tongue :

12. Are you physically Challenged ? | Yes | No |

12. (a) If yes, nature of handicap

13. Are you the son/daughter of Ex-Serviceman ? | Yes | No |

If yes, whether Certificate attached ? | Yes | No |

14. Marital Status : | Single | Married | Widow | In case of widow proof attached or not | Yes | No |

15. Co/Extra curricular activities

NSS 10 Days Camp | Yes | No |

NCC Certificate | B | C |

Distrinction Sports | DISTRICT | STATE | NATIONAL |

16. Major Subject in B.A. / B.Sc. / B.Com :

17. Marks in Part III of Degree Course : (Including major & allied Subjects)

	(U.G)	(P.G)
Maximum Marks		
Marks obtained		
Percentage %		

18. Name of the University (U.G.) :
    (P.G) :

19. Month & Year of Passing the Degree Course : Month ..... Year .....

20. Higher Qualification | M.A. | M.Sc. | M.Com. | M.Phil. | Ph. D |

Month and Year of Passing and Percentage of Marks .....

21. Reg. No. and month of Entrance Examination

22. Centre of Examination

Academic Qualification	Name of University / College	Year of Passing	Subject - Marks	Percentage
B.A./B.Sc./B.Com.			Part - I.....	
M.A./M.Sc./M.Com.			Part - II	
Any other			Part - III	

23. Optionals preferred for B.Ed. .....

I declare that the particulars furnished above are correct and if selected I shall abide by the rules and regulations of the Institution.

Place :

Date :

Signature of Parent / Guardian

Signature of Applicant

FOR OFFICE USE

Conduct Certificate	Community Certificate	S.S.L.C./ H.S.C	B.A./B.Sc./ B.Com. Mark Statement Provisional Degree	M.A./M.Sc./ M.Com.	Eligibility Certi-ficate	Medical Fitness Certificate	Photos (No. 5)	Special Category Certificate

Optional Subjects .....

Elective .....

Signature of Verification Officer

Admission No.

Name :

Remarks :

Admitted :

Date :

Date :

Principal