



Sufa Educational & Welfare Society's
DSR COLLEGE OF EDUCATION

Wanjarwadi Road, Back side of Maharashtra Public School,
Daulatabad "T" Point, Aurangabad - 431002, Ph:0240-2382767
e-mail: dsrcollege1@gmail.com

Dr. Babasaheb Ambedkar Marathwada University, Aurangabad

College Code :
459

College Id:

Please paste a
passport size
(35 mm x 45 mm)
Photograph here,
Do NOT staple.

For college
use only →

Course Admitted to : **B.Ed. / M.Ed.**

Admission date : / /

Form No.

Important notes, read before fill in form:

1. Please use black/blue ink to fill in the form and do Not overwrite.
2. Please fill in all fields in CAPITAL letters only.
3. Please strike off whichever is NOT applicable. E.g. If you are Male :
Gender : Male / Female

↑ Student should sign strictly inside
this box only with black ink

1. Personal Information Section

Last Name

First Name

Middle Name

Name of the student :
(In case of changed name, write current name)

Father's/Husband's Name :

Previous name of the student
(In case of changed name)

Reason for name change : Willingly / After Marriage

Marital Status : Unmarried/Married/Divorced/Widowed/Deserted

Date of Birth (DD/MM/YYYY) : / /

Gender : Male / Female

Place of Birth :

Blood Group (with Rh) :

Religion :

Citizen of (country name) :

Address for Correspondence

State: District: Tehsil : City/Town/Village :
Address (House no, street/area etc): PIN Code:

Permanent Address (Write only if different than Address for Correspondence)

State: District: Tehsil : City/Town/Village :
Address (House no, street/area etc): PIN Code:

Contact Details :

Phone # 1: Area/STD Code : Phone No: Phone # 2: Area/STD Code: Phone No.
Mobile Number: Email ID:

2. Legal Reservation Information Section

Domicile of State : Category : Open/Reserved If Reserved: SC/ST/DT(A)/NT(B)/NT(C)/NT(D)/ OBC / SBC/EWS
Caste: Sub-Caste: If physically Challenged : Visually Impaired/Speech and/or Hearing Impaired/ Orthopedic Disorder of Mentally Retarded

3. Social Reservation Information Section : (Check (✓) whichever is applicable, write name of supporting document attached in section 6.)

| | |
|---|--|
| Ex-Serviceman/Ward of Ex-Serviceman | Member of Project Affected Family |
| Active-Serviceman/Ward of Active-Serviceman | Member of Earthquake Affected Family |
| Freedom Fighter/Ward of Freedom Fighter | Member of Flood/Famine Affected Family |
| Ward of Primary Teacher | Resident of Tribal Area |
| Ward of Secondary Teacher | Kashmir Migrant |
| Deserted/Divorced/Widowed Women | |

Occupation of the Guardian : Service/Business/Profession/Farmer/Laborer/Retired/ Annual Income of the Guardian (Rs.):

4. Educational Details Section (Write 'YES' in last column, against the qualifying examination, on basis of which you are seeking admission to the said course write NO in front of other examinations)

| Name of Examination | Name of Board/University | Name of School/College | Date of Passing (DD/MM/YYYY) | Examination Seat No.(Last) | Degree/Passing Certificate No. | Grade/ Total Marks Obtained | Out of | Qualifying Examination? (YES/NO) |
|---------------------|--------------------------|------------------------|------------------------------|----------------------------|--------------------------------|-----------------------------|--------|----------------------------------|
| Std 10th | | | | | | | | |
| Std 12th | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
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| | | | | | | | | |

Please Turn Over.....

5. Selected/Opted Papers Section (Write paper codes only, in the boxes)

| | | | | |
|----|----|----|----|-----|
| 1. | 3. | 5. | 7. | 9. |
| 2. | 4. | 6. | 8. | 10. |

6. First Method (subject) for B.Ed. Course

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

(Write only that subject on which admission has been given to you)

Government CET Examination 20 - 20

| Seat No. | Academic Score | CET Score | Total Score |
|----------|----------------|-----------|-------------|
| | | | |

7. Attached Documents and Certificates Section

| Sr. No. | Name of Documents/Certificate | Original/Attested True Copy | Attached (Yes/No) |
|---------|--|-----------------------------|-------------------|
| 1. | Passing Certificate of Std 10 th /Statement of Marks of Std 10 th | | |
| 2. | Passing Certificate of Std 12 th / Statement of Marks of Std 12 th | | |
| 3. | Graduation Certificate / Statement of Marks | | |
| 4. | Post Graduation Certificate / Statement of Marks | | |
| 5. | Leaving Certificate | Original | |
| 5. | Certificate of Caste with Category | | |
| 6. | Cast Validity Certificate | | |
| 7. | Non Creamy Layer Certificate | | |
| 8. | Affidavit for changed name/ Marriage Certificate /Govt. Gazette | | |
| 9. | Domicile Certificate | | |
| 10. | Certificate for Physically challenged | | |
| 11. | | | |
| 12. | | | |

Form No.

8. Other Information Section

| | | |
|-----------------|---|---------------------------------------|
| Mother Tongue : | Employment Status : Employed/Unemployed | Do you wish to join NCC / NSS: Yes/No |
|-----------------|---|---------------------------------------|

Hobbies and Other Interests :

9. Declaration by Student

I hereby declare that , I have read the rules related to admission and the information filled in by me in this form is accurate and true to the best of my knowledge. I will be responsible for any discrepancy, arising out of the form signed by me and undertake that, in absence of any document the final admission will not be granted and / or admission will stand cancel.

Place :

Signature of the student :

Date :

10. Declaration by Guardian

I have permitted my son/daughter/ward to join your college. The information supplied by him/her is correct to the best of my knowledge. I have acquainted myself with the rules and fees, dues to my son/daughter/ward and to see that he/she observes.

Place :

Signature of the Guardian:

Date:

11. For College / Institute Use Only

| Designation | Remarks / Particulars / Recommendations | Signature and date |
|-----------------------------------|---|--------------------|
| Admission Clerk | | |
| Admission Committee | | |
| Accountant/ Cashier | | |
| Registrar / Office Superintendent | | |
| Principal/Director | | |