

# SCHOLARS COLLEGE OF EDUCATION

## D.El.Ed ENTRANCE FORM

1. Name:
2. Gender:
3. Course:
4. Date of Birth:
5. Father's Name:
6. Mother's Name:
7. Father's Occupation:
8. Mobile Number:
9. E- mail ID:

**10. Academic Qualification:**

S.N	Examination	Board/University	Roll No.	Year	Marks	%age	Division
O	Passed						
1.	10 <sup>th</sup>						
2.	12 <sup>th</sup>						
3.	Graduation						
4.	Post- Graduation						

**Payment Detail:**

Cash  Bank

Bank Name  Draft No.

**Declaration by the Candidate**

I declare that all the information provided in this form is correct to the best of my knowledge and belief. If any information is found to be incorrect, my admission is liable to be cancelled.

Place:

Date:

(Signature of the Candidate)