## MATUSHRI AHILYA DEVI TEACHERS EDUCATION INSTITUTE

CORP. OFFICE: 23, PRESS COMPLEX, A.B. ROAD, INDORE RECOGNISED BY NCTE

## AFFILIATED BY DEVI AHILYA VISHWAVIDYAL INDORE Board of Secondary Education, Bhopal

Form No.

Campus-Village Sulakhedi (Mangila) INDORE

To be filled in by er/his own hand		te in					student
1. FULL NAME (in I	Block Letter	rs)					
2. Father's Name/H	usbands N	ame					
3. Mother's Name							
4. Cast	GEN	] :	зт		sc	овс _	
5. Full Parmanent	Address						
6. Present Address							
7. Date & Place of	Birth						
8. Give below particul	ars of all aca	demic and Tech	nical/Profesion	nal Examina	tions Passed	and Degree/Diplo	oma Obtained
9.Perentage of ma	rks obtaine	d in pre B.Ed	/ D.Ed./ M.E	d Exam			
Name of Exam	Class Div.	Name of School/ College	Subjects Taken	Year of Passing	No. of attempts	If any aca- demic Distn/ Scholorhip	Enclosures
-							

10. Give the names, Profession and		
present address (in Full) of two		
responsible person Know to you		
to whom reference could be made		
11 Note : 1 Please attech attested copies of the certificat	nd testimonials Originals shoul	d not be Sent
2 Students are expected to produce original co	cates at the time of interview.	
12. Declaration to be signed by the candidate :-		
I hereby declare that the intries in this form and docume	produced for admisson are ture	e to the best of my knowledge
and belict :- I am solely responsible for their authenticity		
Place :		
Date :		Signature of applicant