

For office use only

Reg. No._

RAMESHWAR SINGH TEACHERS' TRAINING COLLEGE

PANDEY PARSAWAN, GAYA (BIHAR)

(MAGADH MEDICAL COLLEGE - KASHTHUA ROAD)

Application Form

SESSION 20

Affix Passport Size colour Photograph

	ssionss Roll No				
1.	Student's Name (In Hindi)				
	(in English)		*	Shark skept	
2.	Father's Name (In Hindi)			Chaudianini E	
	(In English)			Instrumed	
3.	Mother's Name (In Hindi)				
, T	(In English)		8 1	Creatistans	
4.	Guardian/ Husband's (In I	Hindi)		photo-decking.	
	(In English)				
5.	Date of Birth			1/10/11/22	
	In Figures				
	In words	9			
6.	Permanent Address - Villag	e/Mohalla:-	and sections	BARREY TO	
	P.O	P.S	Via_		
	Dist	State	Pin		
	Mobile No.	sauft o.ogffloRdflws	Interting Internet, Dennill	the limited	
7.	Present Address :- Vill/Mohalla :-				
	P.O	P.S.	Via Via	Ouemi III	
	Dist	State	Pin	enteri k	
	Mobile No.	त्रे रेसार्यक्रिक्सिकेस स्थानांड का	h da unti sensut pianit		
8.	Caste	if to sandplugar 2 -d	क्षा कर्म भूत जाहरू के व्यक्तिक	e I requestioned	
	(In case of SC/ST/OBC) end	close caste certificate)		ud. Isalum dia	
9.	Nationality				
10.	D-I'		-		
11.	Married/Unmarried	7, 1447			

12.	Male / Female	18 用户。 图集体系统图像 17 图像型图像 医环境性衰竭性原因 一致医 18 18 18 18 18 18 18 18 18 18 18 18 18	

13. Details of Education Qualification :-

Exam	Name of School/College	Name of Board/Univ.	Subject	Year of Passing	Marks obtained /Full Mark		Session
Matric			ni Va-Si-	Ş			ganet Rappell Rappell Rappell
Inter or Equivalent			3		A LIMBUR PA		
Graduation or Equivalent				dim	ing Th		
Post Graduation or Equipment					enuil i	edien y 11.	
Others				2	3v 1/8		

14.	Method subject: (i)	(i	i)
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15. Before the date of admission:-

Name of the College with date & year of leaving the college

- 16. In case failed in University, Details with Roll No. & Date & year
- 17. Registration No.
- 18. In case enrolled with other university submit migration certificate
- 19. Declaration:

I hereby declare that all the above information are true and correct to the best of my knowledge. I promise to abide by the rules & regulations of the college. In case of found guilty or misconduct. I shall be punishable under the act & my name will be removed from the college.

ANNEXURE -I Affidavit Format (Get it types)

!son/daughter	of		
hereby solemnly affirm that the following stateme knowledge and belief	nts made by me are true to the best of my		
A) I am a citizen of India			
B) I have secured 50% marks or above at the thre	e years degree course.		
 C) I have studied and understood the rules gove fee structure and agree to abide by these rules. 	erning counselling, admission, procedure		
D) If admitted to R.S. Teacher's Training College, I especially those regarding discipline, attendar understand that failure to comply with the appropriate disciplinary action from the institute.	ice, examinations and payment of fees. I e rules and regulations will invite an		
E) I will not involve myself in any action of ragging during the course of my education in this college. I understand that involvement ragging cognizable offence and it will result in police and would result into cancellation of my admission to the course.			
F) I shall attend my classes regularly. If due to any reason I will fail to secure I will fail to secure at least 75% lectures I shall not be allowed to appear at the University Examination.			
G) I understand that no legal action against any Management will be entertained out of Gaya.	students, Staff and Member of College		
Name of the Candidate :			
Date:			
Place:	Signature of the Candidate		
I, the father/m an applicant for admission to (B. Ed.) course at solemnly affirm that all the above statements made best of my knowledge and belief. I will be responsitime and for his/ her conduct.	R.S. Teachers' Training College, hereby de by son / daughter / ward true to the		
Name of the parent / guardian			
Relationship to candidate			
Date:			
Address with Phone No.	Signature of the parent / guardian		
	Signature of the parent/ guardian		

TO SECTION SECTIONS OF SECTIONS SECTION

Acknowledgement

Form No.	Class
Name	
Father's Name	*
Guardian/Husband Name	

Received an application for Admission with Photocopies of the documents

Signature & date of receiving authority