

## DRONA'S COLLEGE OF MANAGEMENT & TECHNICAL EDUCATION (DCMTE)

Approved by NCTE Jaipur & Govt. of Uttarakhand, (Affiliated to H.N.B.Garhwal University, Srinagar  
(Central) U.K ,49, Subhash Road, Dehradun, Uttarakhand - 248 001

Mob. No. 8171164888

WebSite: www.dcmte.org, E- Mail: dronacollege05@gmail.com

### Registration Form B.Ed. Session 20 - 20

Affix your  
recent  
passport size  
photograph

#### 1. Personal Data:

Name \_\_\_\_\_

Date of Birth:     Sex (Tick) Male  Female   
D D M M Y Y

Nationality \_\_\_\_\_ Category (Gen/SC/ST/OBC) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Tel. No. (With STD Code) \_\_\_\_\_ Mobile No. \_\_\_\_\_

Permanent Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name / Husband's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Father's Mobile/Landline Number \_\_\_\_\_

#### 2. Course Opted:

B. Ed.  M.Ed.

#### Academic Details

S. No.	Examination	Subject	Year of Passing	Max. Marks	Marks Obtained	%age
1	Intermediate (10+2)					
2	Graduation Details					
3	Post Graduation Details					
4.	Others (If Any)					

3. ABC ID. \_\_\_\_\_

4. HNB Garhwal (Central) University Entrance Test/ Common University Entrance Test (CUET) Roll No  
\_\_\_\_\_

5. Entrance Examination Marks/Rank \_\_\_\_\_

6. Language Proficiency

Hindi	English	Other (Specify)		
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7. Parents Information

Parent Name	Occupation	Organization	Designation	Specimen Signature
Father				
Mother				

**Declaration**

I \_\_\_\_\_ hereby certify & confirm that the information filled in the Application Form is complete and accurate in all respects, I understand and agree/commit that misrepresentation or admission of facts will justify denial of admission/cancellation of admission/expulsion from the institute.

If at any stage it is found I do not fulfill the minimum prescribed eligibility criteria of the University my admission granted by the Institute be cancelled and I will have no right /claim towards the Institute.

I declare that information furnished by me in the application form is true in all respects and in case any entry or information is found to be false, this shall automatic cancellation of my admission besides rendering me liable to such action as the University may deem proper. I hereby undertake that I have carefully gone through the eligibility conditions prescribed in the prospectus (Website\_) for the program I am applying for and shall appear in the entrance examination/Direct counseling of the Institute after satisfying myself that I do fulfill the same.

Date -- Place  Mobile

Telephone (Including STD Code)  Fax No.

Parent Signature \_\_\_\_\_ Student Signature \_\_\_\_\_

Form No.

*For Office Use Only*

Name of Students  Course

Address  Father's Name

Checked by: \_\_\_\_\_ Cleared By: \_\_\_\_\_

Name & Signature: \_\_\_\_\_ Name & Signature: \_\_\_\_\_