

Drona's College OF MANAGEMENT & TECHNICAL EDUCATION

Approved by AICTE, Min. of HRD, Govt. of India, (Affiliated to H.N.B.Garhwal University, Srinagar (Central) U.K.)
DCMTE Campus, 49, Subhash Road, Dehradun, Uttarakhand - 248 001

Phone No. 0135-2655680

Mob. No. 9412955529

Web Site: www.dcmte.ac.in

E- Mail: info@dcmte.com

Registration Form-2015 - 2017

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 _____ 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)					

5. University Entrance Exam Roll No _____

6. Entrance Examination Marks/Rank _____

Drona's International School Society (Regd.)
1, Municipal Road, Dehradun-248001 (UA) Tel. 0135-2652671, 2655680

7. Language Proficiency

Hindi	English	Other (Specify)		
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8. 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: _____