

BIHAR COLLEGE OF EDUCATION

Plot No.- MUP-III(P), Gidha Growth Centre, Ara-802301, Bhojpur, Bihar.

Phone :- 06182-277034,277288 Fax: 06182-277033, www.biharcollegeofeducation.com

Email: info@biharcollegeofeducation.com, bcegidha@hotmail.com

APPLICATION FOR ADMISSION IN B.Ed. PROGRAMME

A	pplication No. :	Session:	Please Paste Passport Size Colour
Sub	ject for which admis	ssion sought:	Photograph
	(To be	e filled in capital letters. Please leave one box between two words)	
I.	Name of the candidat	e:	
2.	Father's Name		
3.	Mother's Name		
4.	Date of Birth		
5.	Category	: General OBC SC ST ST	
6.	Sex	: Male Female	
7.	Nationality		
8.	Marital Status	: Married Un Married U	
9.	Whether Physically H	andicapped: Yes No.	
10.	Permanent Address	:	
		Dist Pin	
		Phone No Mobile No	
П.	Address for correspo	ndence :	
		Disa Cara-	
		Dist Pin	
		Phone No Mobile No	

Examination Passed	Board/ University	Year of Passing	Subjects	% Ma
Matric / Xth				
Intermediate / XIIth				
Graduation				
Post Graduation				
Any extra curricular activ				
,	Yes			
us Facility Required :	Yes No DECLA all the information provare that if at any stage	RATION wided in this ap	plication is true to the best o	of my
us Facility Required : I hereby declare that a	Yes No DECLA all the information provare that if at any stage to be cancelled.	RATION wided in this ap	plication is true to the best o	of my

8_	8_	8_
	 _	
	RECEIPT	
Application No. :	Date	<u>.</u>
Name		

Ch	eck List: Please ensure that the following documents are enclosed with the application form:- Attested photocopy of the matriculation /ICSE/ CBSE Pass Certificates showing date of birth.
2. 3. 4.	Attested photocopies of mark sheets of matriculation/ICSE/CBSE to the last achieved degree. Three recent colour passport size photograph to be pasted on application form and admit card. Attested photocopies of caste certificate in case of SC/ST/OBC candidates and residential certificate obtained
	from recognised authority.



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ADMIT CARD

Арр	olication No. :	(To be filled in capital letters by the candidate.)	Please Paste Passport Size Colour Photograph
Ses	sion :		. Hotograph
 1. 2. 3. 4. 5. 7. 	Name of the candidate Father's/Husband's Name Date of Birth Roll No. Examination Date Examination Centre	:	
	Plot	No MUP-III(P), Gidha Growth Centre, Ara- 802301, Bee: - 06182-277034, 277288 Fax: 06182-277033, www.biha	hojpur,Bihar.
		il: info@biharcollegeofeducation.com, bcegidha@hotmail.c	
	sion :	(To be filled in capital letters by the candidate.)	Please Paste Passport Size Colour Photograph
Ι.	Name of the candidate	1	
2.	Father's/Husband's Name	3 :	
3.	Date of Birth		
4.	Roll No.	ž	
5.	Examination Date	: Time	
	Evansination Contra		