



**The West Bengal University of Teachers' Training,
Education Planning and Administration
APPLICATION FOR REGISTRATION
FOR M.ED. PROGRAMME**

To
The Registrar
The West Bengal University of Teachers' Training,
Education Planning and Administration
25/25/3 Ballygunge Circular Road,
Kolkata-700019, West Bengal.

(To be filled in by the student in own hand)

3cmx3cm
Coloured photo
To be pasted

Full Signature of the Candidate (Within the box)
(with black ink ball pen/ do not sign in capital letter)

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STATEMENT OF PARTICULARS
(to be filled in block letters)

APPLICATION REGISTRATION NO.	MED	
(Wherever applicable)*		
COLLEGE NAME		
COLLEGE CODE		
NAME OF THE STUDENT		
(in block letter)		
MALE/FEMALE/TRANSGENDER	<input type="checkbox"/>	Mobile number
(With M or F or T)		
DATE OF BIRTH (DD/MM/YYYY)		
(as in Madhyamik Pariksha/ Equivalent Exam. Admit Card)		
CATEGORY (please tick)	Gen <input type="checkbox"/>	SC <input type="checkbox"/> ST <input type="checkbox"/> OBC(A) <input type="checkbox"/> OBC(B) <input type="checkbox"/> PC <input type="checkbox"/>
AADHAAR No.		
DATE OF ADMISSION	D D M M Y Y	SESSION -
FATHER'S NAME		
MOTHER'S NAME		
PRESENT ADDRESS		
PERMANENT ADDRESS		
QUALIFICATION		
% OF MARKS; IN GRADUATION LEVEL	P.G. LEVEL	B.ED. LEVEL
(Photocopies of marks sheets to be attached)		
LAST UNIVERSITY ATTENDED		
MIGRATION CERTIFICATE NO		DATE
(Migration Certificate to be attached in Original)		D D M M Y Y

**The Particulars mentioned above are true to the best of my knowledge
Countersigned**

Principal/ Officer-in-Charge/Teacher-in-Charge (With Seal)	Signature of the Candidate with date
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* For candidates without Application Registration no. the college must produce the approval of the Registrar.