APPLICATION FOR ADMISSION TO THE DIPLOMA IN EDUCATION CERTIFICATE 2015-2017 (Management Quota) (In Duplicate)

1.	Name of Revenue District in which admission is sought	:	
2.	Name in full of the applicant (in BLOCK letters)	:	
3.	Full address to which communications are to be sent	:	
			The same of the sa
4.	Date of birth and age as on 1.7.2015	;	
5.	Sex	:	
6.	If the applicant belongs to OBC/SC/ST, State the Community and sub – division, if any (Self Attested Copy of Community Certificate to be attached)	1	
7.	Applicant's mother tongue		
8.	Qualifications: HSE or equivalent		
	1. Name of qualifying Examination		
	2. Register No. and year of passing		
	3. Number of chances including SAY Examination taken for passing the qualifying Examination		
9.	Additional Qualification	:	
10.	Marks obtained in HSE / Equivalent Exam: Subjects	:	Grade/Marks secured
	Total		
11.	Total percentage of marks	. :	
12.	Name of University/ Examination Board	:	
13. I	DD No. & Date and Name of the Bank		
	DECLARATIO	<u>N</u> .	
recoi [quali	I hereby declare that the statement furnished above are to rds in my possession. I also declare that I have not taken more than three charging examination for admission to the course. I also declare that I have not applied to any other district for the course.	ances in	ncluding 'SAY' examination to pass the
Place			
Date			0.
			Signature of Applicant