



# SHILBHADRA

## TEACHERS' TRAINING INSTITUTE

(Recognised By NCTE & Affiliated to WBUTTEPA & )

Chhatrapara, Belda, Paschim Medinipur -721424, W.B.

### ADMISSION FORM

Academic Year \_\_\_\_\_

College Admission Number \_\_\_\_\_

Course Applied For: B.ED

Subject: \_\_\_\_\_

D.EL.ED

Name of Student: \_\_\_\_\_

Affix your  
Passport size  
Photograph here

Date of Birth :

Sex :  M  F

Aadhaar No :

Nationality : \_\_\_\_\_ Caste: \_\_\_\_\_

Father's Name : \_\_\_\_\_

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

Postal Address : Vill: \_\_\_\_\_ P.O: \_\_\_\_\_

P.S : \_\_\_\_\_ Dist: \_\_\_\_\_

State: \_\_\_\_\_ Pin: \_\_\_\_\_

Mobile No : Student: \_\_\_\_\_ Guardian: \_\_\_\_\_

E-Mail Id : \_\_\_\_\_

Qualification	Board/University	Year of Passing	Total Marks	Marks Obtained	% of Marks

## Declaration by the Student

I Sri/Smt./Kumari .....  
S/o or d/o or w/o Sri ..... desirous to  
take admission in B.Ed/D.El.Ed Course in Shilbhadra Teachers' Training Institute, Chhatrapara,  
Belda, Paschim Medinipur, 721424, W.B. and shall abide by the rules and regulation of the  
institution. I shall not go beyond the rules. I shall not act which will not go against the college. I  
shall indulge myself in study and shall do well for the college. If the authority becomes  
displeased on my act I shall accept any disciplinary taken action against me to which I shall not  
oppose in future.

Note: -

- ✓ 80% attendance in theory.
- ✓ 90 % attendance in practicum
- ✓ Use of library as per library rules
- ✓ Library attendance

.....  
*Signature of the Student*

## Declaration by the Parent / Guardian

I pledge that all the information provided by my ward is true to the best knowledge. I  
take complete responsibility to abide by the policies, rules, regulations & disciplinary  
measures of the Institute. In case of non-conformation of the same by my ward I shall  
accept the decisions of the management as final and ultimate. I shall confirm that, in  
case of my ward's discontinuation from the course for any reason, I shall forgo the  
entire fees amount including deposit amount paid to the Institute and shall not claim  
any reimbursement from the Institute or College.

**Place:**

**Date:**

.....  
*Signature of the Parent / Guardian*

### Documents Required Affix Photocopies:

- |  |  |
|--|--|
| <input type="checkbox"/> M.P Admit   | <input type="checkbox"/> H.S Admit                   |
| <input type="checkbox"/> M.P Mark Sheet  | <input type="checkbox"/> H.S Mark Sheet              |
| <input type="checkbox"/> M.P Certificate   | <input type="checkbox"/> H.S Certificate             |
| <input type="checkbox"/> Graduation Part-I, Part- II, Part- III or All Semester Mark Sheet |  |
| <input type="checkbox"/> Post Graduation Part- I, Part- II or All Semester Mark Sheet      |  |
| <input type="checkbox"/> Recent 4 Passport & Color Photographs                             |  |
| <input type="checkbox"/> Caste Certificate   | <input type="checkbox"/> Citizenship Proof (Aadhaar) |

