

**DR. B. R. AMBEDKAR UNIVERSITY, SRIKAKULAM, ETCHERLA****FORM OF APPLICATION FOR REGISTRATION****(Semester Pattern)**

B.P.Ed/ D.P.Ed DEGREE EXAMINATIONS - FIRST/SECOND/THIRD/FOURTH SEMESTER, 20.....

Registered Number

COLLEGE CODE:

NAME OF THE COLLEGE

1. NAME OF THE CANDIDATE (AS PER SSC OR EQUIVALENT) Copy of SSC or its EQUIVALENT must be enclosed	In English	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	In Mother Tongue	
2. AGE and DATE OF BIRTH	Latest Passport size photo of the candidate should be affixed here	
3. NAME and OCCUPATION OF FATHER OR MOTHER WITH ADDRESS		
4. NATIONALITY AND RELIGION		

5. WHETHER THE CANDIDATE APPEARING FOR WHOLE
EXAMINATION (w.e.f. 2017-18 Admitted batch) or
COMPARTMENTAL (Supplementary)
(Mark Tick in the appropriate box)

WHOLE
(w.e.f. 2017-18
Admitted batch)

COMPARTMENTAL

6. APPEARING SUBJECTS
(For Supplementary candidates only)

Paper - I	<input type="checkbox"/>	Paper - II	<input type="checkbox"/>
Paper - III	<input type="checkbox"/>	Paper - IV	<input type="checkbox"/>
Paper - V	<input type="checkbox"/>	Paper - VI	<input type="checkbox"/>
Paper - VII	<input type="checkbox"/>	Paper - VIII	<input type="checkbox"/>
Practical	_____	_____	_____

7. ADDRESS OF THE CANDIDATE

In Term:

In Vacation:

8. DETAILS OF QUALIFYING EXAMINATION
PASSED (Copy of PC/OD must be enclosed) If the candidate
passed Degree Examination from other University, He/She should
enclose Original Migration certificate and pay Rs.300/- (Rupees
Three hundred only) towards Recognition Fee.

NAME OF THE
EXAMINATION
PASSEDNAME OF THE
UNIVERSITY

MONTH/YEAR

REGISTER NO.

9. REGISTERED NUMBER OF PREVIOUS APPEARANCES
(For supplementary candidates only)

REGISTER NO / YEAR

10. PARTICULARS OF THE FEES PAID

AMOUNT: Rs.

D.D.No:

DATE OF PAYMENT:

NAME OF THE BANK:

11. SIGNATURE OF THE CANDIDATE:

SIGNATURE OF THE PRINCIPAL
(WITH OFFICE SEAL)

PLACE:

