INDIAN INSTITUTE OF TEACHER EDUCATION

Post Graduate Registration form for the year 20 - 2 .

(1) Name (In English CAPITAL letters only. Exactly as per HSC Marksheet):

Surname: : _____

Name : _____

Father's Name : _____

Paste your passport size photograph here

(2) Permanent Address:

City : Pin Code:

(3) Contact Details

Mobile :

Landline :

Email :

(4) Birth Date : ____/____/_____

(5) Gender : ☐ Male ☐ Female

(6) PH. : ☐ Yes ☐ No

(7) Category : ☐ Open ☐ S.C. ☐ S.T. ☐ SEBC

(8) Blind : ☐ Yes ☐ No

(9) Nationality : ☐ Indian ☐ NRI ☐ Other

(10) Religious Minority : ☐ Yes ☐ No If Yes, specify _____

(11) Graduation :B.A. ☐ B.Com ☐ BSC. ☐ Other, specify _____

(12) Passing Month : ☐ March/April ☐ July (13) Year : ☐☐☐☐

(14) Obtained Marks Total : ☐ Out of : ☐ Percentage: ☐

(15) Other Degree if any,Specify _____

(16) Name of last attained College _____

University : _____ Year _____

Student's Signature	

Sign and stamp of Academic In-charge