



# 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:
<input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/>	

(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	
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Sign and stamp of Academic In-charge
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