MOTHER ZIRAMANI TEACHER TRAINING COLLEGE



Recognized by National Council of Teacher Education Under Ranchi University

	APPLICATION FORM										
Ap	plication No. :	Affix your recent Passport size Photograph duly signed by the candidate									
•	Roll No. (For Office Use only)	Do not Pin or Staple									
Subject for which admission sought											
1.	1. Name of the Applicant (In Hindi)										
	(In English)										
	Mother's Name :										
2.	Father's Name										
3.	Sex: Male Female 4. Date of Birth & Age: Date Month	Year Age									
6.	Marital Status : Married Unmarried										
7.	Address for Correspondence (do not repeat name) City State Pin Code STD Code Phone Mobile:										
	E-mail: Parent No.:										
8.	Permanent Address (do not repeat name) City State Pin Code STD Code Phone Mobile :										
9.	a) Nationality : Parent No.:										
	b) Religion : (Tick) Hindu Christian Muslim Others c) Community : (Tick) OPEN OBC SC ST d) Caste										
Re	plication Noceived fromr Admission to B.Ed.	an applicatin									

10.Detail	ls of Education	al Qualification	n (Form X St	tandard (onwards)				
	Name of the	Month & Year	Name of t		ol/Colle		Name of University		Subject	% of
	ualifying Exam	of Passing		Studied		\dashv	Offiversity	Боага		Obtained
1.						-				1
2.	XII th									
3.	Graduation									-
4. Po	ost Graduation									
5.										
6.										
11. Employment Details a) Employed (Tick) Yes No b) Name of the Company / Institution with Address										
				+				+		+
					<u></u>					
12. a) W	hether Physical	ly Handicappe	d: Yes	No		b)) Certificate	No.		
13. NCC	Certificates									
14. Partio	cipation in State	e / National Le	vel Co-curric	cular act	ivities					
I, hereby declare that I satisfy the conditions of the eligibility advertised for admission to B.Ed. Course made in this application are true to the best of my knowledge and belief. I am aware that if at any time, it is found that any information given above is false then my candidature is liable to be cancelled. Date:										
Place :					Signature of Applicant					
Details o	of self attested	xerox copies o	f the certific	ate subn	nitted by	the c	candidate a	t the time	of submission of j	form
Sl. No.	Particulars of Certificate				Please	Tick	ick			
1.	10th Std. Mark Sheet (s)									
2 .	10th Std. Pas	s Certificate								
3 .	H.Sc. Mark Sheet(s)						Declaration of the Candidate			
4 .	Graduation Mark Sheet & Admit Card						I declare that all the above Xerox copies submitted by me with the application form are true and genuine.			
5.	Graduation Pass / Provisional Certificate									
6.	Post Graduation Mark Sheet									
7.	Post Graduation Pass / Provisional Certificate									
8 .		College / Department Leaving Certificate								
9 .	. Two self addressed envelops of size 5" X 8"									
10 .										
11 . Caste Certificate							Signature of the Candidate			
12 .	Residential C									
13 .	1 04 0 40	cate (s) if, any			1					