



(Kalawati Trust's)

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# K. S. College of Professional Education

Corporate Office : 1st Floor, Heera Panna Complex, Boring Road Crossing, Patna- 800001.

Campus : Plot No. 820, 830, 831, Neora, Near Shivala More, Danapur, Patna-801113.

Ph. : + 91 9234302030, Email : president@kalawatitrust.org, Website : www.kalawatitrust.org

For office use only

Reg. No. ....

Session.....

Class Roll No. ....

## Application for Admission in B.Ed.

Affix Passport

size color

Photograph

SESSION 20 \_\_\_\_\_

● Student's Name ( In Hindi).....

(In English).....

● Father's Name (In Hindi).....

(In English).....

● Mother's Name (In Hindi).....

(In English).....

● Guardian /Husband's (In Hindi).....

(In English).....

● Date of Birth :-

In Figure 

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In Words.....

● Permanent Address :-.....

Mobile No. :- .....

● Present Address:- .....

Mobile No. :- .....

● Caste :-.....

(In case of SC/ST/OBC) enclosed caste certificate).

● Nationality .....

● Religion .....

• Male / Female :-.....

• Details of Educational Qualification :-.....

Exam	Name of School/ College	Name of Board/ University	Subject	Year of Passing	Marks Obtained	Division	Session
Matric							
Inter or Equivalent							
Graduation or Equivalent							
Post Graduation or Equivalent							
Others							

• Method Subject :- (1)..... (2) .....

• Last Institution :-.....

• Name of the college with date & year of leaving:-.....

• In Case failed in any University Exam, Details with Roll No. & Date of Year:-.....

• Registration No. :-.....

• In case enrolled with other university , submit Migration Certificate :-.....

Declaration :-

I hereby declare that all the above information's are true & correct to the best of my knowledge.

I promise to abide by the rules & regulations of the college. In case of guilty or misconduct,

I shall be punishable & my admission will be cancelled from the college.

Entrance Test Fee ₹ 750/-

Signature of Candidate

**ANNEXURE - I**  
**AFFIDAVIT**

..... son / daughter of .....

hereby solemnly confirm that the following statements made by me are true to the best of my knowledge & belief.

- (A) I am a citizen of India.
- (B) I have secured 50% marks or above at the Three Years Degree Course / P. G. Course.
- (C) I have studied & understood the rules governing counseling, admission procedure, fee structure & agree to abide by these rules.
- (D) If admitted to K .S. COLLEGE OF PROFESSIONAL EDUCATION , I will abide by all its rules & regulations, especially those regarding discipline, attendance, examinations & payment of fees. I understand that failure to comply with the rules & regulations will invite an appropriate disciplinary action from the institutional authorities.
- (E) I will not involve myself in any action of ragging during the course of my education in this college. I understand that involvement in ragging is a cognizable offence & it will result in legal action & would result into cancellation of my admission from the course.
- (F) I shall attend my classes regularly. If due to any reason i fail to secure 75% attendance I shall not be allowed to appear at the University Examination.

Name of the Candidate : \_\_\_\_\_

Date : \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Candidate

I \_\_\_\_\_ the father/mother/gurdian of \_\_\_\_\_

an applicant for admission to (B.Ed.) course at K . S. COLLEGE OF PROFESSIONAL EDUCATION solemnly affirm

that all the above statements made by my son/daughter/ward are true to the best of my knowledge & belief.

I will be responsible for the payment of his/her fees on time & for his/her conduct.

Name of the Parent/ Guardian

Relationship to candidate

Date:-

Address with Phone No. :

Signature of the Parent / Guardian



**ANNEXURE - II**  
**AFFIDAVIT**

I.....son / daughter of .....

being unable to attend the counseling for admission to B.Ed. course in K.S. COLLEGE OF PROFESSIONAL EDUCATION ,

on.....hereby authorize .....

son / daughter of.....

whose photograph is affixed below. I hereby declare that the decision of the authorised representative is acceptable to me. He will complete all the necessary payment & documentation formalities on my behalf.

(NAME IN CAPITAL LETTERS)

Roll No : .....

Place : .....

Date : .....

Reason for absence : .....

Signature of the Candidate's Parent / Guardian

Signature of the Candidate

A recent  
Passport size  
Color photograph  
of the representative  
should be  
affixed here

Specimen Signature  
of the Representative

A recent  
Passport size  
Color photograph  
of the representative  
should be  
affixed here