

MADHUSTHALI INSTITUTE OF TEACHER TRAINING

Madhupur, District-Deoghar, Jharkhand



APPLICATION FORM FOR ADMISSION

Two Years D.El.Ed. Programme

Session: 20__20__

Approved by NCTE-ERC, Bhubaneswar & Affiliated to Jharkhand Academic Council (JAC) Ranchi

For Office Use Only

Form No.:..... Name of the applicant:.....

Enrollment No.:..... Session:..... Admission Date:.....

College Roll No.:..... JAC Registration No. & Year.....

Subject opted in D.El.Ed. Course as: **Subject - 1)**.....**Subject - 2)**..... & **Subject - 3)**.....

Documentation Complete Yes No

Checklist of documents to be attached

- Original Money Receipt
- Original CLC/DLC
- Original Migration Certificate
- Attested Photocopy of SKMU / JAC Registration paper if necessary
- Attested photocopies of Mark Sheets & Certificates from Class X onwards (including proof of age & proof of Registration No. at the Council/Board Level)
- Attested photocopy of Jharkhand Domicile Certificate
- Attested photocopy of Admit Cards
- Attested photocopy of Caste Certificate (for SC/ST/OBC/PH Candidates only)
- Attested photocopy of State/National Level Sports Certificate (if available)
- Attested photocopy of N.C.C. 'B' or 'C' (if applicable)
- Address proof (Valid documents)
- Original Affidavit for authenticity of documents submitted
- Commitment for regular attendance.
- Eight passport size recent colour photographs

Affix
latest
passport
size
photo

Signature of Admission In-Charge

P.T.O.

Instructions for filling the form

1. Form to be filled with blue ball point pen in capital letters by the applicant in English only.
2. Do not make any unnecessary marks or overwrite on this sheet.
3. Issue of Admission Form does not guarantee admission.
4. Only completed forms with all required enclosures submitted within the stipulated date will be considered.
5. Incomplete Application Forms will not be considered and are liable to get rejected.
6. Additional documents may be called for by the Institute as and when required with prior notice.

A. Subjects proposed to be studied as the Method Paper

	Preference 1	Preference 2	Allotment by Institute
Subject - 1			
Subject - 2			
Subject - 3			

Note

Candidate / Applicant has to select one regional language given below and fill up the **column Subject 1** (1. Sanskrit, 2. Bengali & 3. Urdu)

Candidate / Applicant has to select two subjects of work experience given below and fill up the **column Subject 2 & Subject 3** (1. Gardening, 2. Agriculture, 3. Home Science, 4. Art Education, 5. Cutting & Tailoring)

B. General Information

Name of Applicant:

Correspondence / Present Address :

Village/Town:..... P.O. Police Station :

Dist: State : Pin Code:

Permanent Address:

Village/Town: P.O. Police Station :

Dist: State : Pin Code:

Nationality: Gender: Male Female Transgender Blood Group:

• **Marital Status:** Married Unmarried Divorced • **Category:** General SC ST OBC PH

(Tick the appropriate one & attach valid documentary evidence if belonging to SC/ST/OBC/PH) Whether a person with disability: Yes/No. If yes (nature of disability).....(Hearing Impairment/Locomotors Impairments/Visual Impairment/Reading Disability/any other, please specify)

(Please attach documentary evidence if physically handicapped)

Date of Birth :(Please attach documentary evidence)

Mobile No. Alternative No.

E-Mail Address:

Religion:

Employment: Unemployed/Employed/Student. If employed : Public Or./Private Or./ State Govt./Central Govt.

Permanent Identification Mark (If any):

Father's Name : Mobile No.

Mother's Name: Mobile No.

Guardian's Name: Mobile No.

Father's Occupation:Mother's Occupation

C. Educational Qualifications

(Enclose attested copies. Please produce original for verification at the time of admission)

Examination Passed	Name of the School / College	Name of the Board / University	Session/ Year of Passing	Subject	Division /Class	% of Marks	Points
Matriculation Class X / Equivalent							
Inter (+2) (10+2)/Equiv							
Graduation (Bachelor's) Degree Pass Course 10+2+3							
Post Graduate (Master's) Degree							
Other							
N.C.C	NCC Certificate "B"	NCC Certificate "C"	Please put the tick mark (✓) in the appropriate place				
Sports	Represented State	Represented Country					
TOTAL							

D. Other Qualifications / Specialized Training

E. Teaching Experience (If any)

(Enclose attested copies of relevant certificates)

Name of the Institution/ Address	Name of Post/Type of Institution (Government Aided/Self Funded)	Number of Years Taught	Subjects Taught

F. Payment Details

Details of Demand Draft :- In case of downloaded Application Form from the website, please enclose a Demand Draft for Rs in favour of "**Madhusthali Institute of Teacher Training**". Payable at Madhupur.

Name of the Bank	Demand Draft No.	Issuing date	Amount

G. Declaration by the Student Teacher

I, Mr.son/daughter/wife of Shri/Smt.....
residing at.....and have applied for admission to DEI.Ed.course
in Madhusthali Institute of Teacher Training (MITT), Madhupur and after having gone through the Rules and
Regulations with particular regard to maintaining the discipline of the Institute in all its forms and aspects.

I, therefore, undertake and declare that:

- 1) I will abide by the rules and regulations of the Institute that are in force as of now and/or that may be in force from time to time.
- 2) I declare that during the period of my studies at MITT, I will not indulge in any act of indiscipline causing the good name of the Institute or take part in any activity organized by the student teacher or by any organization on behalf of the students on any ground which may be detrimental to the interest of the institute or which may impede proper functioning of the institute or in any way may hamper imparting education to the students teacher of the Institute which may lead up to my expulsion from the institute .
- 3) I am aware that if my attendance in DEI.Ed. class will be less than 80% in theory and less than 90% in the practical classes, I will not be allowed to appear DEI.Ed. Exam.
- 4) I will attend all practical classes/internship/field work in the institute and the school allotted to me.
- 5) I will be adhering to the College DRESS CODE (wearing of College Uniform and ID card). I am aware that the authority may not permit me to enter into the Campus/Class Room/Tutorial Room/Labs/Examination Hall, if I fail to adhere to the Dress Code specified by the Institute. Breach of Dress Code will be treated as gross indiscipline on the part of me for which I may be liable to be punished in such manner as may be decided by the Institute Authority.
- 6) I pay Exam Fee and/or Hostel Fee in time, failing which I shall be bound to pay the financial penalty as per Notification of the Institute Authorities from time to time.
- 7) I also undertake that if as a result of any act of indiscipline of mine, any property or equipment of the campus of the Institute or its hall of residence is damaged or any loss is caused to the Institute, the cost of the same will be borne by me.
- 8) I shall neither myself indulge in nor instigate other students to ragging or do anything to disturb the academic atmosphere of the Institute. In case of any act of misconduct on my part, the institute is free to inform my parents/guardian/concerned authorities besides taking any disciplinary action against me as per institute rules and regulations and Supreme court verdict about the unlawfulness of ragging in educational Institute.
- 9) I shall always behave responsibly and will not do any such thing that may hurt other students, faculties and staffs of the institute and its constituent school i.e. Madhusthali Vidyapeeth.
- 10) I undertake that I am not doing any private/govt. regular job/course anywhere and will not participate in any other course organized by other authority/organization without written permission from the institute authority and that the decision of the authority in this regard shall be final and binding on me.
- 11) I am fully aware that the students' canteen of the Institute will provide only vegetarian food and I shall make no demand for providing non-vegetarian food.
- 12) That, I am submitting all self attested documents as required by the college which are true, genuine and correct to the best of my knowledge and belief if found false,I shall be liable to punish and my admission will be cancelled by the college authority.

Date

(Name of the Student)

(Signature of the student)



ANNEXURE I

AFFIDAVIT BY THE STUDENT

I,.....(full name of student with Institute Roll Number) s/o d/o Mr./Mrs./Ms., having been admitted to(name of the institution) , have received or downloaded a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

- 1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 3) I hereby solemnly aver and undertake that
 - I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 4) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 5) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.
- 6) Along with the above mentioned points I do hereby declare that
 - I will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity while in and off the institution campus.
 - I will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6.a).

Declared thisday of month of.....year.

Signature of deponent

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at(place) on this the(day) of(month)(year)

Signature of deponent

Solemnly affirmed and signed in my presence on this the(day) of(month)(year) after reading the contents of this affidavit.

OATH COMMISSIONER

Note : It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.

ANNEXURE II

AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms. (full name of parent /guardian) father/mother/guardian of , (full name of student with University Roll Number) , having been admitted to(name of the institution) , have received or downloaded a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.

1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

3) I hereby solemnly aver and undertake that

- My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

- My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

4) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

5) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

6) Along with the above mentioned points I do hereby declare that

- My ward will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity while in and off the institution campus.

- My ward will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6.a).

Declared thisday of month of.....year.

Name:

Address:

Telephone/ Mobile No.:

Signature of deponent

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at(place) on this the(day) of(month)(year)

Signature of deponent

Solemnly affirmed and signed in my presence on this the(day) of(month)(year) after reading the contents of this affidavit.

OATH COMMISSIONER

Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.

Medical Form

(To be filled up by the Pupil-Teachers)

Name of Pupil-Teacher

Date of Birth

Father's Name

Address for Communication

Mob No

Mob. No. for emergency

Medical Information

- Do you have colour Blindness?
- Do you use spectacles?

If yes provide the detail below

SIDE	RE				LE			
	SHP	CYL	AXIS	VISION	SHP	CYL	AXIS	VISION
D.V.								
N.V.								

Blood Pressure	Blood Group	Allergies to medicine and food
Height	Feet Inches	Weight in Kgs

History of Major illness-

Signature of Pupil-Teacher

Signature of Father/Mother

Signature of family doctor with registration number

Receipt

(Pls scribe and hand over to applicant)

Form No.

Date:

Received Application Form from Mr./Miss/Mrs.....

Name of Father for.....

Course, Session

Signature of Office Assistant



Declaration By Applicant

I..... hereby declare that I have read and understood the conditions for the eligibility of the course / Programme for which I seek admission.

- All information provided by me is correct to the best of my knowledge.
- In the event of any information provided by me is found incorrect or misleading, my candidature shall be liable to be cancelled by the Institute at any stage, and I shall not be entitled to any refund of fee paid by me to the Institute.
- I hereby agree to follow all rules & regulations of the Institute which maybe modified from time to time, if I am granted admission.
- I shall submit my migration certificate after I getting admission to MITT. [Migration Certificate in original needs to be submitted in case the last examination was under any other university (India or abroad)].
- The selection committee's decision is final & binding on all matters of admission to the respective course.

Signature of Applicant

Parents'/ Guardian's Undertaking

I solemnly declare that I have fully understood the Rules and Regulations of MITT and hereby undertake the responsibility for good and disciplined behavior of my ward Mr. / Miss / Mrs as long as he/she remains a student of this Institute. I also understand that all fees once deposited are not refundable.

Signature of Applicant's Father

Signature of Applicant's Father/Guardian

Receipt

Form No.

Date:

Received Application Form from Mr./Miss/Mrs.....

Name of Father for.....

Course, Session

(programme) for the Session 20.....- 20..... along with following documents.

Age proof Testimonial Address Proof Other documents

Signature of Admission In-Charge