# Application Form
## BAIKUNTHA COLLEGE OF EDUCATION
**Kathalbari, Dalimpur, Alipurduar**
**Recognised by NCTE, ERC & Affiliated to WBUTTEPA, WBBPE**
**Website: www.baikunthacollege.org | Email Id: baikunthatrust@gmail.com**

Name-

Course applied for: B.Ed / D.El.Ed

Mobile No:-

E-mail

Aadhaar No:

Permanent Address
Vill:-
P.O:-
Dist:-
State:-                                        pin-

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ACADEMIC QUALIFICATIONS:

| Degree | Name Board/University | Year Of Passing | % OF Marks | Division |
|--------|----------------------|-----------------|------------|----------|
|        |                      |                 |            |          |
|        |                      |                 |            |          |
|        |                      |                 |            |          |
|        |                      |                 |            |          |
|        |                      |                 |            |          |

Father's Name:                          Mother's Name-

Date of Birth                            Religion:

Marital Status:                          Gender:

Nationality   :                          Category

I hereby declare that all the information furnished above is true to the best
Of my knowledge and belief.

Place-

Date-                                               Signature of the applicant