



SAI RAM COLLEGE OF EDUCATION

Srain Patti, SAMANA 147101 (Distt. Patiala) Pb.

Affiliated to Punjabi University, Patiala
Approved by Punjab Govt. Recognized by NCTE, NEW DELHI (Jaipur)

Website : www.scresamana.org

e-mail : collegesrce@gmail.com

Registration Form (B.Ed)

Regd. No. _____

Session _____

Form No. _____

(to be allotted by office)

FILL IN CAPITAL LETTERS ONLY

1. Name of the Applicant : _____
2. Father's Name : _____
3. Mother's Name : _____
4. D.O.B. (dd/mm/yy) : _____
5. Gender : Male ☐ Female ☐
6. Category : (a) GEN ☐ BC ☐ SC ☐ ST ☐ OTHERS ☐
(b) Rural ☐ Urban ☐
(c) State _____
7. Address : _____
: _____
: _____
8. Contact No. : _____
9. Aadhar Card (Candidate) : _____ Parents/Husband) _____
10. Regd. No. & Name of last attendant university : _____
11. Educational Qualification :

Exams.	Uni./Board	Month & Year	Roll No.	Total Marks	Marks Obt.	%age	Div.	Subjects
Matric								
10+2								
B.A./B.Sc./ B.Com								
M.A./M.Sc./ M.Com								
Any Other								
NSS/NCC Sports/Others								
Last Qual. appeared/ passed/failed								

12. Subject Combination : (a) _____ (b) _____

13. Medium : _____

Declaration :

I hereby declare that the information filled by me in this form is true, correct and complete to the best of my knowledge and shall held myself responsible for any false entry. In the event of Cancellation/ Rejection of my Registration for any reason, I shall not be entitled for refund of Registration fee nor will I have any claim against the college whatsoever. In case the information submitted by me is not correct, my registration may be cancelled.

Date : _____

Place : _____

Signature of Parents / Guardian

Signature of the Applicant

Checked by :-

Registration Committee

Convenor : _____

Member : _____

2) _____

Principal : _____

Document Submitted :-

1 Login ID _____

2 Password _____

3 E-mail Add. _____

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