



Application No.

ALAGAPPA UNIVERSITY, KARAIKUDI-630 003

(A State University Established by the Government of Tamil Nadu, Accredited with "A+" Grade by NAAC (CGPA: 3.64) in the Third Cycle, Graded as Category-I University and Granted Autonomy by MHRD-UGC)

Vallal Alagappan Valaagam

DIRECTORATE OF DISTANCE EDUCATION

APPLICATION FOR ADMISSION TO B.Ed. (TWO YEARS) PROGRAMME FOR ACADEMIC YEAR 2018-19

[Use blue or black ball-point pen only for filling the form. Read the prospectus carefully before you start filling the form]

1. Name of the candidate (in Block Letters) with initials at the end. (Each letter in each box)

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2. Name of the Father

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3. Name and Address for Communication (in Block Letters)

Affix recently taken
Passport Size
Photograph attested
by the
Principal/Headmaster
of the school
concerned

PIN Code:

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Email :

Contact No:

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4. Date of Birth : Date

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 Month

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 Year

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5. Age :

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 6. Aadhaar No:

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(Put a \checkmark mark in the appropriate box for the columns 7, 8, 9 and 10)

7. Nationality : Indian Others 8. Sex Male Female Transgender

9. Community :

SC		SCA		ST		MBC/DNC		BC		BC (M)		OC	
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(Attested copy of Community Certificate should be enclosed)

10. Special Category: 1. Person with Disabilities 2. Ex- Service man 3. Any Other

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(Attested copy of Special Category Certificate should be enclosed) (Write legibly)

11. Educational Qualification:

Examination Passed	School / College Studied	Board / University	Subject /Course	Year of Passing	Max. Marks Part III	Obtained Marks Part III	* % of Marks Part III
S.S.L.C							
H. Sc.							
D.T.Ed./D.P.Ed./ B.P.Ed./M.P.Ed.,							
B.A /B.Sc./B.C.A / B.Com./ B.Litt.							
M.A/ M.Sc./ M.Com.							

* For calculating percentage in UG, Part III – Major and Allied subjects are to be considered. Give the accurate percentage and do not round off the fractions.

* Attested copies of the certificates should be enclosed.

12. Details of Teaching Experience (including present employment details):

Name of the School	Address	Recognition No. of the School	Designation (Teaching Position)	Period of employment		Total Years & Months
				From	To	

* Attested copy of experience certificates from previous institutions if any, to be attached.

13. Teaching Experience (in Completed Years): _____

I hereby declare that all the particulars given above are correct and I abide and agree to submit myself to all the Rules and Regulations of the University.

Station :

Date :

Signature of the Candidate

Note: Application Form should be directly sent to **the Director, Directorate of Distance Education, Alagappa University, Karaikudi - 630 003.**

**PRESENT TEACHING EXPERIENCE
CERTIFICATE**
(To be provided by the Principal / Headmaster / Headmistress)

Affix passport size photo attested by the Principal / Head Master of the School concerned

This is to certify that Mr./ Ms. _____ has been working as Teacher in this school since _____. This school is a Government / Government-Aided / Unaided Educational Institution and is duly recognized by the Central / State Government.

(Recognition Number: _____)

Signature of the Principal / Headmaster / Headmistress

Place: _____

Name: _____

Date: _____

Designation: _____

(Office Seal)

Address: _____

Check List

The following documents and particulars should be enclosed along with filled-in Application Form

- (i) Attested photo copy of the Certificates for Educational Qualifications, Transfer Certificate Community Certificate and Certificate for Special Category, if any
- (ii) Teaching Experience Certificate(s)
- (iii) Attested photocopy of Aadhaar Card
- (iv) **A Demand Draft for Rs.500/- drawn in favour of “Director, DDE, Alagappa University”, payable at Karaikudi** towards the cost of Application form which downloaded from website.