



HIMACHAL PRADESH UNIVERSITY
GYAN PATH, SUMMER HILL, SHIMLA – 171 005

Roll No.....

(Roll No. to be written by the Candidate, if issued)

Note: Please read the instructions carefully before filling up this form.

Affix your latest
colour attested
passport size
photograph.

Do not staple

B.Ed/M.Ed (Semester/ICDEOL)	Regular:	Rs. 1400.00 per semester
	Pvt./Re-appear:	Rs. 1600.00 per semester

APPEARING EXAM AND CENTRE DETAILS

- Name of Examination (Class) B.Ed/M.Ed (I/II/III/IV Sem.)/ ICDEOL (1st Year/IInd Year) _____
- Appearing Capacity Details (ICDEOL/Re-appear/Compartment/Improvement): _____
- Examination Month _____ Examination Year _____
- Examination Centre Name/College Name _____

PERSONAL INFORMATION

- Candidate's Name (as per Matric Certificate): _____
- Candidate's Name in Hindi _____
- Father's Name (as per Matric Certificate) _____
- Father 's Name in Hindi _____
- Mother's Name (as per Matric Certificate): _____
- Mother's Name in Hindi _____
- Registration No. _____ 8. Date of Birth: _____
- State of Domicile _____ 10. Category: _____

11. PARTICULARS OF LOWER/LAST EXAMINATION (FOR FRESH CANDIDATES OF ICDEOL/ 1st Semester)

Examination	Subject	Subject Concerned		Roll No.	Year	University
		Marks Obtained	Maximum Marks			
B.A./B.SC./B.COM. I						
B.A./B.SC./B.COM. II						
B.A./B.SC./B.COM. III						
M.A./M.Sc./M.Com						
MBA/B.ED./LL.B/M.Ed.						

12. If appearing simultaneously in the Re-appear/Compartment subject in the B.Ed./M.Ed. or any other examination equivalent thereto mention Class _____
 Subjects _____ Roll No. _____ Month _____
 Year _____.

APPEARING CAPACTIY DETAILS (THEORY)

13. Subject in which to appear in the ensuing examination of B.Ed to be held in _____

B.Ed./M.Ed. Sem...../ICDEOL..... year (Subjects)			
Course No	Name of the Paper	Course No.	Name of the Paper

14. Medium of Examination (English/ Hindi): _____

15. Whether Blind or Permanently disabled from writing or crippled? (Attach Certificate) _____

16. Date of Issue of Demand Draft/IPO (DD/MM/YY) _____

17. DD/IPO No. _____ 18. Name of Issuing Bank/Post Office _____

CONTACT DETAILS

19. Permanent Address: _____

Mobile No. _____

20. Correspondence Address: _____

Mobile No. _____

I solemnly declare that the above particulars filled in by me are correct and that in case of any discrepancy found therein, I shall be responsible for the consequences. I also certify that I have not been debarred to appear in the examination or any case of Unfair means is pending against me. I will not have any claim in case my examination form is rejected due to incomplete information including examination fee.

Date:

(Signature of Candidate)

CERTIFICATE

Regular/ ICDEOL Students:

The candidate has attended not less than 75% lectures in each subject during semester/PCP. The candidate fulfills the minimum eligibility criteria for appearing in the B.Ed.(Regular/ICDEOL)._____ semester/year examinations. I am satisfied to the best of my knowledge and belief that all the above mentioned particulars and photograph are of the applicant who is the genuine candidate of Regular/ICDEOL applying for B.Ed examination.

Principal/Director (ICDEOL)
Signature & Seal of Attesting Authority

Re-appear/Improvement Students:

1. The candidate has previously appeared in the examination under Roll No. _____ in Year _____ Month _____ as regular/re-appear student and failed or was placed under re-appear/compartments.
2. I am satisfied to the best of my knowledge and belief that all the above mentioned particulars and photograph are of the applicant who is the genuine candidate applying for B.Ed exam.

Principal/Director (ICDEOL)
Signature & Seal of Attesting Authority

GENERAL INSTRUCTIONS

1. **Examination Fees is to be paid in favour of Finance Officer, H.P. University, Summer Hill, Shimla – 171 005 in shape of Draft/IPO payable at Summer Hill, Shimla – 171 005.**
2. Incomplete Forms are liable to be rejected.
3. The candidates must paste two recent passport size photograph at the appropriate space provided on the Form and Admit Card and attach the attested copies of certificates for verification of eligibility along with this form.
4. The candidates must **write his/her correct address on the three self-stamped letter size envelopes and attach with this form.**
5. Examination fee once paid is neither refundable nor adjustable in any subsequent examination unless the office finds the candidates ineligible to appear in the examination.

CONTROLLER OF EXAMINATIONS

ADMIT CARD

PROVISIONAL

Roll No. _____

(Roll No. to be written by the Candidate, if issued)

(To be filled in by the Candidate)

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Admit (Name of the Candidate) _____ son/
Daughter of Sh. _____

to the B.Ed/M.Ed (I/II/III/IV Sem.)/ICDEOL (Ist/IIInd Year) _____

Examination to be held in _____ 201_____ on the
dates as given in the Date Sheet at Centre of Examination

Signature of Candidate

**Controller of Examinations
Himachal Pradesh University**
