State Council of Educational Research & Training, Chhattisgarh Shankar Nagar, Raipur



राज्य शैक्षिक अनुसंधान एवं प्रिषक्षण परिषद्, छत्तीसगढ़, शंकर नगर, रायपुर

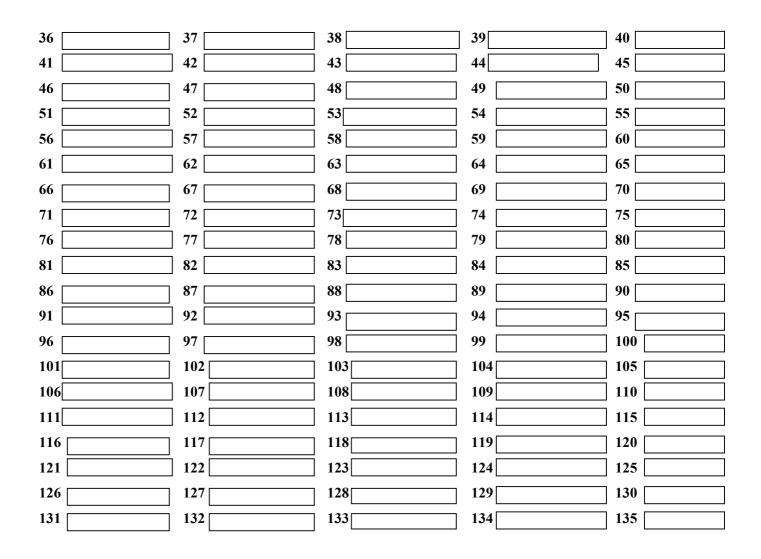
Telephone-0771-2443596 Fax-0771-2443496 Website: www.scert.cg.gov.in Email: scertcg@gmail.com

B.Ed. Admission Process 2015-16 Option From Pre - B.Ed Exam

1. Pre – B.Ed. Exam Roll No.			l l	ent passport
2. Overall Rank			size	photograph
3. Mark Obtained in Pre B.Ed. Exam				
Personal Details				
4. Are You Domicile of Chhatisgarh5. APPLICANT Full Name	Yes No)		
6. Gender Male Female	. Date of Birth	D	D M M	YYYY
8. Phone No. STD 10. Email	9. Mobile No.			
Reservation Details For Chhattisgarh	Domicile only - (T	ick (√) Appropı	riate Details)	
11. Reservation CategoryGENERAL	SC	ST	ОВС]
12. Are you physical Handicap?		Y	es No	
13. Are you Son/grandson/daughter/gran	ddaughter of Freed	lom Fighter? Y	es No	
14. Are you Son/daughter of Ex-Serv	iceman (Bhutpur	va Sainik) ?	Yes	No
Eligibility				
At Degree or Post Graduate level mini minimum 45% for Reserved category Course.			U .	
Eligibility Criteria	At Degree Level		At Post Graduate Leve	
****	Tick (√)	Percentage	Tick (√)	Percentage
Whichever Applicable				

At degree or post graduate leve minimum qualifying marks for general category candiaate is 50% but for reserve category candidate of chhattisgarh minimum qualifying marks will by 45%

Graduation	n Details							
Name of the	e Graduation Degre	e Compl	eted					
Name of the	Collegel/Study Ce	nter						
State in Wh	ich Collegel/Study	Center is	s Located					
Name of the	University for Deg	gree						
			_					
Write the A	Academic Year wis	e Mark	details					
Sr. No.	Year		Month and Year		Marks Obtained		Out of	
1	First Year		of Passing					
	Second Year							
2								
3	Third Yea							
4	Additional (If	any)						
Aggregate]	Marks as shown o	ı Unive	rsity Mark I	List/Mark N	Aemo of gra	duation des	eree –	
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Marks Out of		Percentage Month a		and Year of Passing		Class Obtained		
		Teremage						
-	ost Graduate de P G Degree				Ye		No	
Total Marks of Post Graduate Degree		Out of		Percentage		Month and Year of Passing		
Challan De	tails							
Bank Transa	action Number		Challa	an Amount		City Nam	ne	
Challan Dat	e \Box		Bank	Name		Branch Na	me	
College F Enter Coll	Preferences lege Code							
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31	32	· ·	33		34		35	



Declaration

I herby declare that all the information furnished by me in this Option Form is true and complete to the best of my knowledge and belief. I understand that entries made by me in this Option Form are final and binding on me. I further declare that in the B.Ed. Admission process if any information being found false or incorrect I shall be liable for action taken by Director, SCERT.

Place : - Date :-

Signature of Candidate