

BIROSTHALI TEACHERS' TRAINING COLLEGE



(A COMPOSITE INSTITUTION OF B.Ed & D.El.Ed COURSES)

Vill+Po:-Birosthal, Ps:-Chanchal,Dist:-Malda, Pin-732123

E-Mail - birosthallittc@gmail.com

secretary@birosthallittc.in / president@birosthallittc.in

Admission Form

Photo

Admission No:.....Date:.....Receipt No:.....(For office use only)

Course Apply For:(B.Ed / D.El.Ed)

Name of The Applicant:.....

Father's Name:.....

Guardian Name:.....

Sex:.....Category:.....Religion:.....

Full address:.....

Contact Number (Mobile):.....

E-mail Id:.....

Educational Qualification Details:

Exam	Year Of Passing	Board/Council	Total Marks	Marks Obtained	Per (%)

Declaration by the applicant: I declare that all the above information is true and correct & belief and fully understand that my admission will stand canceled if any information by me found to be false or twist.

Place:

Date:.....

Signature of Applicant