



Government of Karnataka

Office of the Commissioner for Public Instruction, Centralised Admission Cell, Bengaluru

Application form for Admission to D.EL.Ed / D.P.Ed Course for the year 2018-19

(for office use)

01. Nodal Center Name :

02. Application Number :

Paste recent
photo

03. Applying for Course : D.EL.Ed D.P.Ed

04. Required Medium in D.EL.Ed : Kannada English Marathi
Urdu Telugu Tamil

05	Name of the Candidate	
06	Date of Birth	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY
07	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
08	Category	GM <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> C1 <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 3A <input type="checkbox"/> 3B <input type="checkbox"/>
09 a)	Are you claiming the reservation for Hyderabad-Karnataka candidate as per 371(j) Notification ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b)	If Yes Specify the District	
10	Are you physically challenged ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Have you studied in Kannada Medium from 1 to 10 th Std.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Mother Tongue	
13	State	
14	Father Name	
15	Mother Name	
16	Postal Address	

17	Pin code	
18	Mobile Number	
19	E-mail	
20	Special Group	<input type="checkbox"/> Defence Personnel <input type="checkbox"/> Ex-Servicemen <input type="checkbox"/> Gadinadu Kannadiga <input type="checkbox"/> Horanadu Kannadiga <input type="checkbox"/> NCC Cadets <input type="checkbox"/> NSS Candidates <input type="checkbox"/> Sports Person <input type="checkbox"/> Scouts and Guides <input type="checkbox"/> Candidate Sponsored by Women and Child Development
21	SSLC Details	
	a) Medium	
	b) Language I	
	c) Language II	
22	Qualifying Examination Details	
	a) Qualifying Exam. Passed	II PUC <input type="checkbox"/> Equivalent Course <input type="checkbox"/>
	b) Year of Passing	
	c) Registration Number of II PUC	
	d) II PUC/ Equivalent Exam Board	
	e) Language I	
	f) Language II	
	g) Maximum Marks	
	h) Obtained Marks	
	i) Optional I	
	j) Optional II	
	k) Optional III	
	l) Optional IV	

23	Annual Income	
24	Specify your choice of institutions in the order of preference	
		Institution Code
	Institution Name	
a)	Choice 1	
b)	Choice 2	
c)	Choice 3	
d)	Choice 4	
e)	Choice 5	
25	Payment Details	
a)	Bank Name	
b)	Date of Payment	
c)	DD Number	
d)	Amount	

DECLARATION:

I solemnly declare that the information provided in the above form is true. In case any information is found to be false or incorrect, I shall forfeit the claim to be considered for selection.

Date :

Signature of the Applicant

Thumb Impression

**Signature of the
Nodal Officer with seal**

**Signature of the
DIET Principal with seal**