

  
**Government of Karnataka**

Department of School Education ,Centralised Admission Cell, Bengaluru

**Application form for Admission to D.El.Ed/D.P.Ed/D.P.S.E Course for the year 2023-24**

(for office use only)

01. Nodal Center Name:

02. Application Number :

Paste recent  
photo

03. Applying for Course : D.El.Ed

D.P.Ed

D.P.S.E

04. Required Medium: Kannada

Urdu

English

Telugu

Marathi

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"/> Other <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 <sup>th</sup> Std.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Mother Tongue	
13	State	KARNATAKA <input type="checkbox"/> NON KARNATAKA <input type="checkbox"/>

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 Person <input type="checkbox"/> Ex-Servicemen <input type="checkbox"/> Gadinadu Kannadiga <input type="checkbox"/> Hbranadu Kannadiga <input type="checkbox"/> NCC Cadets <input type="checkbox"/> NSS Candidate <input type="checkbox"/> Sports Person <input type="checkbox"/> Scouts and Guides <input type="checkbox"/> Candidates Sponsored by Women and Child Development
21	<b>SSLC Details</b>	
	a) Medium	
	b) Language I	
	c) Language II	
22	<b>Qualifying Examination Details</b>	
	a) Qualifying Exam. Passed	II PUC <input type="checkbox"/> Equivalent Course <input type="checkbox"/>
	b) Year of Passing	
	c) Registration Number of II PUC/ Equivalent Exam Board	
	d) II PUC/ Equivalent Exam Board	
	e) Language I	
	f) Language II	
	g) Optional I	

h)	Optional II	
i)	Optional III	
j)	Optional IV	
k)	Total Maximum Marks	
l)	Total Marks Obtained	
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	

**\*Note:- SL No 8.9.10.11.20.21.22 & 23 Attested certificates should be enclosed with the application.**

**:DECLARATION:**

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

**Date :**

**Thumb Impression**

**Signature of the Applicant**

**Signature of the  
Nodal Officer with seal**

**Signature of the  
DIET Principal with seal**