

RAMANUJAN COLLEGE OF EDUCATION

72 KM Stone, Delhi - Mathura Road, Village Mitrol, PO Aurangabad, Distt. Palwal - 121105

Phone Nos. 09215575383, Fax No.: 0129-2222254/55

Website: www.ramanujan.edu.in/rce, Email: info@ramanujan.edu.in

APPLICATION FORM (201 – 1)

Admission Sought For.....

Category: Gen / SC / ST / OBC / ESM / PH
(Tick Appropriate Option)

(1) Name (Mr. /Ms.)

(In Block Letters)

(2) Date of BirthAge

(3) Father's / Husband's Name.....

OccupationDesignation.....

Mobile NoE-Mail ID.....

Paste Your
Recent
Passport Size
Colored
Photograph
(Self Attested)

(4) Mother's Name.....

Occupation / House Wife.....Designation.....

Mobile No Email ID

(5) Permanent Address.....

.....

..... Pin Code.....

Phone No.Mobile No.....

Student's E-mail ID.....

(6) Educational Qualifications:

Examinations Passed	School/College	Board/University	Year	Marks Obtained / Total Marks	% age of Marks	Main Subjects	Certificate Attached (Yes/No)
High School (10th)							
Intermediate (12th)							
Graduation (Specify)							
PG / Any Other							

(7) Award /Prizes /Scholarships /Achievements (if any)

(8) College Transport Facility Required Not Required

(09) If suffering from any disease / ailment, details of such disease / ailment:

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(10) Any other information you wish to furnish

.....

(11) Teaching Method opted: MOT - I..... MOT - II.....

Optional:

Following self attested photocopies have been attached:

- Certificate of Reserved Category
- Migration Certificate
- Medical Certificate
- 12 Colored Passport Size Photographs
- Copies of degree certificates / mark sheets from 10th onwards

Declaration:-

I certify that the information given in the application form is complete and correct to the best of my knowledge and belief. I understand and agree that misrepresentation or omission of facts will justify the denial of admission, cancellation of admission or expulsion. I promise to abide by rules of the College / University / State Government, failing which I may be punished accordingly, including cancellation of my admission.

Date..... Place.....

Signature of the Student.....

Date..... Place.....

Signature of the Parent / Guardian.....

FOR OFFICE USE ONLY

Course Registration No. & Remarks: -.....

Admission
Recommended by:

Accounts / Office
Department

Principal's / Director's
Office