Enrollment No	
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(Recognised by N.C.T.E. & Affiliated to G. G. S. I. P. University)
Vill. Bamnoli, Dwarka, Sector - 28, New Delhi - 077.
011-65979722, 09873249998; email:- info@srite.in



			REGISTRA	ATION FO	<b>DRM</b>				
		BACH	ELOR OF EDUC	CATION (B.F	CD.) 2021 – 2	2023			
1. CET R	Roll No.*:								
2. CET R	Cank*:								
3. Name	of the Student (	as in Xth Cer	tificate)*:						
4. Father	r's <mark>Name (as</mark> in	n Xth Certific	ate)*:						
5. Moth	er's Name (as	in Xth Certifi	cate)*:			6. Sex: M	Iale / Female		
7. Categ	ory*:		8. Date o	f Birth (dd/m	nm/yyyy) :				
9. Addre	ess Permanent	/Mailing:							
		<u>'</u>							
				State:		Pin:			
10. Phor	ne No. (Parent	's/Guardian)	*:						
11. ema	il id (Parent's/	Guadrian)*:							
12. Phor	ne No. (Self)*:	:							
13. emai	il id (Self)*:								
14. Metl	nodology Subj	ects*: (i)			(ii)				
15. Qualifying Exam*:					15(a). Percentage*:				
15(b) Na	ame of Univer	sity*:							
	ame of College								
	demic Qualific		Onwards):	v De	MAG	/			
S. No.	Class	Universi	ty/Board Name	School/In	nstitution Na	me Qual. Year			
1.	10 <sup>th</sup>					ı caı	70 age		
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S. No.	Class	University/Board Name	School/Institution Name	Qual. Year	Qual. % age
1.	10 <sup>th</sup>				
2.	12 <sup>th</sup>				

		Enrollment No.									
16. Aadhaar No.*:											7
(Attach Self Atta	ested Copy)										J
DECLARATION (											
I		_				(Candio	date's	Name	) S/o	/D/o/W	//o
		-	0	FΠ	(P	arent's/	Guardi	ans Nan	ne) do l	hereby	
solemnly affirm tha fulfill the minimum necessary informatic am conscious of the provisions of the ruincorrect or mislead cancellation by the institute. I agree to Ram Institute of Tea	eligibility con in this regarder fact that in less of the Urling and any linstitute at an abide by rule	onditions ard. I under the new of the new fiversity act of index are and regarders.	prescribed lertake not ent in any / Institute discipline nd I shall i	to particular to	SSIP Uncipate in ragging subject. on my putitled t	n any ac g shall In the part, my	et of rage attract case of candid of an	gging ar action any interest action lature so	n provind indistinction terms formation the half best of the half best of the half by the	ided wascipline ms of to the four four me to to the following th	ith e. I the nd to
Place : New Delhi						1					
Date:	Date:					1	S	ign. of (	Candid	ate	1
DECLARATION (	Parents/Gua	rdian):									1
In _	111	10				_	(Paren	t's/Guai	rdians	Nam	ıe)
F/o/ <mark>G/o/H</mark> /o	M		1			(Candidate's Name)					
have carefully read correct to the best of indiscipline found of any time and I shall abide by all the rules Place: New Delhi	f my belief. In n my ward's p not be entitle	n the case part, cand ed to refu	of any inf lidature of and of any	ormation my war fee paid	n found d shall b l by me	incorre e liable or my	ect or me to can ward to	isleadin celled b the ins	ng and a by the Institute.	any act nstitute I agree	of at
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Date:	Down	-	200	179			Sign.	of Pare	nt s/Gu	iardian	
FOR OFFICE USE		6 A	len		el	W.				S/o/W	/o/
D/o		-			is ac	dmitted	provis	ionally	in B.E	d. cour	rse
for the session: 2021	-2023.										
Place: New Delhi											$\neg$
Date:								Sign. o	of Princ	cipal	