

VISWADARSHINI TEACHER TRAINING INSTITUTE

Uriyacode, Thiruvananthapuram - 695 543, Kerala. Phone: 0472-2882554, Mob : 9995027569 www.viswadarshini.org., E-mail : viswadarshinischool@gmail.com

APPLICATION FOR ADMISSION TO THE DIPLOMA IN ELEMENTARY EDUCATION

1.	Name of Revenue District in v	which admission is sought :		
2.	Name in full of the applicant (in block letters) :			
3.	Full address of the applicant :			
4.	Contact No.			
5.	Aadhar No.			
6.	Date of Birth and age as on 01.07.2020 :			
7.	Sex :			
8.	Religion and Cast :			
9.	Mother tongue :			
10.	Qualifications (HSE or equivalent) :			
	Name of qualifying Examination			
	2. Register No. and Year of Passing			
	3. Number of chances taken for passing qualifying			
	examination (including SAY) :			
9.	Additional Qualification :			
10.	Marks obtained in HSE/Equivalent Exam :			
	Subject	Marks/Grade Secured	Percentage	
	,		j v	
	Total			

11. Name of Examination Board/University

DECLARATION

I hereby declare that the statement furnished above are true and are bonafide as can be proved by per proper records in my possession. I also declare that I have not taken more than three chances including 'SAY' examination to pass the qualifying examination for admission to the course. I also declare that I have not applied to any other district for the course during this year

Place	:
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Date : Signature of Applicant