

AL HERA COLLEGE OF EDUCATION

Recognised by ERC- NCTE, Bhubaneswar, Affiliated to WBUTTEPA KODALIA, PO - DAKSHIN BAGUNDI, PS - BASIRHAT, DIST.-NORTH 24 PARGANAS, PIN.-743429 Contact - 9836459860, 9735363851, E-mail - alheraedtrst@gmail.com PASTE RECENT PASSPORT SIZE COLOR PHOTO

ADMISSION CUM DATABASE FORM

1	Candidate	's Name	e (In BL	оск і	Lette	rs)																				
COU	RSE DETAILS	(For Offi	ce use	e on	nly)																					
2	Academic	Session	2	02	3-2	202	5				3	C	Cou	rse	:						E	3.	Ed.			
4	Section										5	F	Roll	No)											
6	Admissior	n No.									7	4	٩dn	niss	sior	n Da	ate		DI		N	1M		Y	YYY	
PERS	SONAL DETAI	LS (To be	filled	l by	Car	ndida	ate i	n BL(OCK	lett	ers)	-														
8	Date of Bir	th		DD)	MN	/)	(YY)	(9		Ge	nd	er] M	ale	□ F	em	ale []0	ther	S
10	Caste			SC		П sт	г		OBC	А		OB	СВ		Sub	o-Ca	aste									
11	Religion	🗆 Hindu	ı□ls	lam		Chri	stiar	ם ו	Oth	er					1	.2	Blo	ood	Gro	oup						
13	Identificat	ion Mar	'k																							
14	Type of Di	sability		(If a	ppli	cabl	e)						1	5	N	lari	tal	Stat	us							
16	Aadhaar C	ard Nur	nber													-										
17	Voter Care	d No							1	L8	PAN	I														
CON	TACT DETAIL	S (To be	filled	by C	Cano	didat	te in	BLO	CK	lette	ers)															
19	House No.	./Village	/Para	a/R	oac	ł																				
20	Post Offic	е									2	1	Ро	olice	e St	tati	on									
22	Block / M	unicipali	ty								2	3	Di	stri	ict											
24	PIN						25	5 C	Con	tact	No.															
26	E-mail Add	dress																								
PAR	ENT DETAILS	(To be fil	lled by	y Ca	indi	date	in B	LOC	K le	tters	5)															
27	Father's N	lame																								
28	Education										29	0	C	upa	atio	n										
30	Contact N	о.																								
31	Mother's	Name																								
32	Education										33	0	CC	upa	atio	n						1				
34	Contact N	0.																								
35	Guardian'	s Name										_														
36	Occupatio	n									37	F	Rela	tio	n							1				
38	Contact N	0.																								
39	Annual Fa	mily Inc	ome																							
APPI	LICATION DE	TAILS (To	be fil	lled	by (Cand	lidat	e in	BLC	ОСК І	etter	s)				1				r		1				
40	Application	n ID	Α)	Μ	/	В	Ε	D	/	2	2	0			-			/						
41	University					-	1	· · ·	1	, , , , , , , , , , , , , , , , , , ,	-				1	-	1	1	1	1					 ,	1
42	University	-			-																					
43	Subject ap	-	Meth	nod				1							44		Me	diu	m							
45	Application	n Type			FRI	ESHE	R			DE	PUTE	D	4	6	Ca	ate	gory	/								

-	n No												
	DEMIC DETAILS (To be fille	ed by Candidate ir BOARD /	n BLOCK lett		MARKS								
SL.	MARKS DETAILS Madhyamik / Equivalent	UNIVERSITY	PASSING	FULL MARKS	OBTAINED	% MARKS	WEIGHT	SCORE					
47	Examination						0.2						
48 Higher Secondary / Equivalent Examination							0.2						
49	B. A. / B. Sc. / B. Com. (General/Pass)						0.2						
50	B. A. / B. Sc. / B. Com. (Honours)						0.3						
51	B. E. / B. Tech.						0.3						
52	M. A. / M. Sc. / M. Com. / M. E. / M. Tech.						0.3						
						TO	TAL SCORE						
MIGF	RATION DETAILS (In case)	Candidate Migrati	ing from and	other Univer	sity)								
53	Migration Certificate	No											
54	Migration Certificate	lssue Date	DD	MM	YYYY								
BANK DETAILS (To be filled by Candidate) (Required for Candidates eligible for Govt. grants)													
55	Account Number												
56	Bank Name												
57	Branch		58	IFS Code									
Docu	ments To be Submitted v	vith the Form											
DECL	ARATION												
kno to my of reg	to hereby declare that the owledge and belief. I under the institution. I have care a ward educated in this inst the management of the in gulations enforced from the wanted activities in order	erstand that rende fully read the rule stitution. I hereby a stitution shall be f ime to time by t	ering incorre es and regul agree to abi final. I herel he college	ct information ations laid by de by them in by certify that managemen	n shall disqu the instituti n all respect t my ward a	ualify the app on and being s. I understa nd I shall fol	blicant for ad g desirous of and that the c low all the ru	mission f having decision iles and					
Place	2												
Date DD MM YYYY Signature of the Parent/Guardian Full Signature of the Candidate													
COUR	RSE FEES DETAILS (For Of	fice use only)											
Tota	l Contract Amount												
Initia	al Payment		Mon	thly Amoun	t Payable								
	Signature & Seal of the	Verifvina Authorit	tv	Sia	nature & Sec	al of the Head	d of Institutio	n					