

**JAI BHARTI COLLEGE OF EDUCATION**  
**JAI BHARTI COMPLEX LOHARIN HAMIRPUR (H.P) - 177020**  
**D.El.Ed. Trainee Admission Form**

Session .....

**Subsidised/Non-subsidised**

Sl. No. ....02

Roll No. ....  
(To be filled in by the office)

1. Name of the Trainee .....
2. Father's .....
3. Mother's .....
3. Husband's Name .....
4. Category .....
5. Date of birth (in figure) .....  
(in words) .....
6. Entrance Test Score ..... Rank .....
7. Permanent address .....  
.....  
.....
8. Correspondence address .....  
.....  
.....
9. E-mail .....
10. Mobile No. (Whatsapp) 1) ..... Parent's .....
11. Education Qualification :

Affix Passport  
size photograph  
here

Sl. No.	Class	Board/ University	Year Session	Subjects	Marks Obtained	Division	%age
1.	Matric						
2.	10+2						



11. Blood Group .....

12. Areas of special interest and achievements

	School	College/ Uni. Level	National	International
1. Educational Activities Quiz debate etc.				
2. N.S.S.				
3. Sports/ Games				
4. Cultural Activities				
5. Any Others				

13. NCC

Participation	Rank	Camp Attended	Certificate Passed with grade	Distinction	Remarks
School					
College					

### DECLARATION BY THE APPLICANT

I,..... S/o/D/o ..... solemnly

declare that :-

- I shall be regular, punctual and will complete the required number of lectures, tutorials/ practical, sessional work, teaching practice etc. i.e. 180 teaching days, failing which I will not be eligible to take annual examination.
- I shall appear in house test/class test/ regularly, will complete all assignment allotted to me.
- I shall not indulge in any anti social activity, any act of indiscipline bringing bad name to the Institution.
- I shall be personally responsible to abide and maintain rules and regulations of the Institution.
- I shall not claim for any refund, adjustment or transfer of fee and funds paid by me.
- I agree to abide by the instructions laid down in prospectus.
- I further declare that the entry in the Application Form made by me are correct to the best of my knowledge and belief.
- If I have leave the college during the training period, I have to deposit full fees and dues of the course.

Principal (Remarks)

Trainee Signature

Date.....



**JAI BHARTI COLLEGE OF EDUCATION**  
**JAI BHARTI COMPLEX LOHARIN HAMIRPUR (H.P) - 177020**  
**Hostel Admission Form**

Boys/ Girls

Sl. No.....

Session .....

Roll No. ....

1. Name of the Trainee

2. Father's name/Husband's name

3. Permanent home address .....

4. Address for correspondence .....

5. Date of Birth .....

6. Marital status

Married/unmarried .....

7. Religion .....

8. Persons authorised for visit (including parents)

Sl. No.	Name/Address	Relation	Photograph [p.p.size]	

Affix Passport  
size photograph  
here

**DECLARATION BY THE APPLICANT**

I,..... S/D/Wife of Sh. ....  
 hereby declare that

- 1) I have gone through rules and regulations of hostel discipline and I shall abide by it.
- 2) I shall not claim for any refund/adjustment or transfer of fees and funds paid by me.
- 3) I shall pay the hostel fees well in time.

Date.....

Signature of the Student

**DECLARATION BY THE PARENTS/GUARDIANS**

I,..... F/o.....  
 hereby declare that :-

I hereby take responsibility of good conduct and behaviours of my Son/Doughter/Ward in matters relating to his/her payment of fees and discipline etc.

Date.....

Signature of the Parents/Guardians

**FOR OFFICE USE**

Security Paid

Fee Clerk

Hostel allowed

Medical certificate and other documents/  
 records checked and found eligible : Yes/No  
 Hostel Warden



## MEDICAL CERTIFICATE

In favour of Jai Bahrti College of Education Loharin Hamirpur (H.P.) 177020

*Note : To be submitted at the time of admission only*

Paste latest  
passport size  
photo

I doctor (Name and designation) ..... Civil  
hospital ..... certify that I have throughly  
checked Mr./Miss/Smt. .... whose photograph is pasted here which  
is duly attested by me is fit to undergo the training in J.B.T. and also to reside in the  
hosted.

He/She is not suffering from any communicable disease at present.

Sign. of candidate

Sign. of Medical officer

Date :

.....

Place

.....