



College Roll No.-B.Ed. _____
To be assigned by the College

GOVERNMENT COLLEGE OF EDUCATION
INSTITUTE OF ADVANCED STUDIES IN EDUCATION
CLUSTER UNIVERSITY SRINAGAR

M.A. Road, Srinagar

(NAAC RE-ACCREDITED GRADE "A" (CGPA 3.52))

Tele-Fax: 0194-2479807 | gcoe.sgr@gmail.com

ADMISSION FORM FOR B.ED. (1st & 2nd Semester)

Choice Based Credit System (CBCS)

Recent
Passport size
photograph with
white
background

- 1) B.ED. (Pre-service Group) : BOPEE Selection list No. _____
Date: _____
Category: _____
- 2) B.ED. (Inservice Group) : Director School Education Kashmir's Order No. _____
Date: _____
Category: _____
3. Name (Block Letters) _____
4. Father's Name /Guardian with Occupation (Block Letters) _____
5. Address : a) Address in Srinagar _____
b) Permanent Address _____
Village/Town _____ Tehsil/Distt. _____
Phone No. _____ Mobile _____
6. Name of the Bank _____ Branch _____
Bank Account No. _____ IFSC Code _____
7. University Registration Number _____
8. Date of Birth _____
(as indicated in the Matriculation Certificate)
9. School from which deputed _____
(In case of In-service candidates)
10. Do you belong to Category _____
11. Nominee _____
12. Relation _____
13. B.Ed. Course Ist Semester

| | | | |
|------------------------------------|-----------|--|----------|
| 1. Foundation of Education | BED15101 | B.Ed. Course 2nd Semester | |
| 2. Learning and Development | BED15102 | 1. Development of Education in India | BED15201 |
| 3. Population and Gender Education | BED 15103 | 2. Education Guidance & Counselling | BED15202 |
| 4. Inclusive Education | BED15104 | 3. Education Technology & ICT | BED15203 |
| 5. Environmental Education | BED15105 | 4. Teacher Education | BED15204 |
| 6. School Internship | INT 1 | 5. Teaching of Hindi/Urdu/English/Kashmiri | BED15205 |
| | | 6. School Internship cum Microteaching | BED15206 |
| | | a) School Internship | INT 2 |
| | | b) Microteaching Major Skills | |

14. Academic Record

| Name of the Examination | University | Roll No. | Year of Passing | Marks Obtained | Division | Subjects |
|-------------------------|------------|----------|-----------------|----------------|----------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Signature of Student

Date: _____



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Card No. _____

(Please fill up the form capital letters)

Salutation : Dr./Prof./Mr./Ms.

Last Name _____

First Name _____

Gender _____ D.O.B. _____

Address:

Present Address _____

City _____ State _____ Pin Code _____

Landmark : Near _____

Permanent Address (if not different write same) _____

City _____ State _____ Pin Code _____

Mobile No. _____ Phone No. _____

Email _____

Date of Joining : _____ (IASE, Srinagar)

Alternate Contact:

Name _____

Mobile No. _____

Date _____

Signature of the Student

Signature of the Principal