



**COUNSELLING FORM
M.Ed. ADMISSION
BODOLAND UNIVERSITY**

SL No.....

Date:.....

1. Name of Candidate:.....
2. Father's Name:.....
3. Mother's Name:.....
4. Caste/Category: ST(P)/ST(H)/SC/OBC/MOBC/EWS/PWD:.....
5. Permanent Address:.....
.....
6. Name of the Institute Last Attended:.....
7. Date of last Examinations passed:.....
8. M.Ed. Entrance Roll No:.....M.Ed. Entrance Marks:.....
9. B. Ed Marks:.....Percentage.....
10. P.G. Marks, if any:.....Percentage.....
11. Documents Verification:

Education qualification			
Exam Name	Year of passing	Percentage	Remarks , if any
H.S.L.C			
H.S			
U.G.			
P.G			
Any other			
Caste/Income/NCL etc. details.			
Category	Date of Issue	Valid up to	Remarks , if any
Caste/PWD/EWS/NCL			

Date:

Signature of Student

12. Verified the submitted documents/information and found in order, may be consider for M.Ed. seat allotment.

Name of Verifier:.....

Signature with date

13. Recommended for admission:

(d) Allotted Name of college/Institute:

(e) Category:.....

(f) Remarks if any:.....

Date:

Chairman
Counseling Committee