



उत्तर पूर्व क्षेत्रीय शिक्षा संस्थान
NORTH EAST REGIONAL INSTITUTE OF EDUCATION
(राष्ट्रीय शैक्षिक अनुसंधान एवं प्रशिक्षण परिषद्)
(NATIONAL COUNCIL OF EDUCATIONAL RESEARCH & TRAINING)
(शिक्षा मंत्रालय, भारत सरकार के अधीन एक स्वायत्त संगठन)
(An Autonomous Organization under Ministry of Education, Government of India)
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Recognized by NCTE vide Order No.F.ERC/NCTE/(ERCAPP1500)/B.Es. (Revised Order)/2015/32621 dated 31.05.2015 & Affiliated to N.E.H.U., Shillong.

Admission Form for the 2 years B.Ed. Course for the Session 2021-2022

CEE Registration No.....

Aadhaar No.....

1. Name of the Applicant (in block letters).....
Write as recorded in class 10th pass certificate
2. Sex:
3. Date of Birth:
4. Religion: CommunityBlood Group.....
5. Category: General/SC/ST/OBC/EWS/PH (put at appropriate place)
6. Marital Status : Married/Unmarried (put at appropriate place)
7. Father's/Husband's Name:.....
8. Mother's Name:
9. Permanent Home Address:.....
District.....State.....Pin Code No.....
Police Station.....Phone No.....
Parents Email ID.....
10. Present Mailing Address (in full):.....
District.....State.....
Police Station.....Pin Code No.....
Students Email ID.....Mobile No.....
11. State of Domicile.....

12. Educational Qualifications:

Name of Exam Passed	Year of Passing	Name of the Board/University	Major subject in Degree/P.G. level	Total Marks	Marks Obtains with %
Matriculation/HSLC					
P.U/HSSLC					
B.A/B.Sc/B.Com					
M.A/M.Sc/M.Com					
Others(Specify)					

13. Name of the Institute/University last attended with registration No.....

14. Type of studentship: Residential/Non Residential (Specify).....

15. Participation in Sports/Co-curricular activities (NCC/Yoga etc)
 Specify.....

16. Pedagogy Courses.....

Declaration:

This is to certify that the information stated above is true and correct to the best of my knowledge and belief. If any discrepancy arises subsequently, I will be wholly responsible for that and any action which is deemed suitable may be taken by the authority concerned.

Signature of the Guardian

Signature of the Candidate (In Full)

Place:

Date: