



उत्तर पूर्व क्षेत्रीय शिक्षा संस्थान  
NORTH EAST REGIONAL INSTITUTE OF EDUCATION  
(राष्ट्रीय शैक्षिक अनुसंधान एवं प्रशिक्षण परिषद)

(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)

उमियम – 793103, मेघालय

Umiam – 793103, Meghalaya

Email: [nerie.ncert1@gmail.com](mailto:nerie.ncert1@gmail.com)

[nerie.shillong@ncert.nic.in](mailto:nerie.shillong@ncert.nic.in)

Phone No: 0364 2570009

Fax No: 0364 2570062

Website: <http://nerie.nic.in>

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 2024-2025

CEE Registration No.....

Aadhaar No.....

1. Name of the Applicant (in block letters) .....  
*Write as recorded in class 10<sup>th</sup> pass certificate*
2. Sex: .....
3. Date of Birth: .....
4. Religion: ..... Community ..... Blood 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: .....