



## Government of Karnataka

Office of the Commissioner for Public Instruction, Centralised Admission Cell, Bengaluru  
Application form for Admission to D.EL.Ed / D.P.Ed Course for the year 2018-19

(for office use)

01. Nodal Center Name :

02. Application Number :

Paste recent  
photo

03. Applying for Course : D.EL.Ed  D.P.Ed

04. Required Medium in D.EL.Ed : Kannada  English  Marathi   
Urdu  Telugu  Tamil

05	Name of the Candidate	
06	Date of Birth	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY
07	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
08	Category	GM <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> C1 <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 3A <input type="checkbox"/> 3B <input type="checkbox"/>
09 a)	Are you claiming the reservation for Hyderabad-Karnataka candidate as per 371(j) Notification ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b)	If Yes Specify the District	
10	Are you physically challenged ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Have you studied in Kannada Medium from 1 to 10 <sup>th</sup> Std.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Mother Tongue	
13	State	
14	Father Name	
15	Mother Name	
16	Postal Address	

<b>17</b>	<b>Pin code</b>	
<b>18</b>	<b>Mobile Number</b>	
<b>19</b>	<b>E-mail</b>	
<b>20</b>	<b>Special Group</b>	<input type="checkbox"/> Defence Personnel <input type="checkbox"/> Ex-Servicemen <input type="checkbox"/> Gadinadu Kannadiga <input type="checkbox"/> Horanadu Kannadiga <input type="checkbox"/> NCC Cadets <input type="checkbox"/> NSS Candidates <input type="checkbox"/> Sports Person <input type="checkbox"/> Scouts and Guides <input type="checkbox"/> Candidate Sponsored by Women and Child Development
<b>21</b>	<b>SSLC Details</b>	
	<b>a) Medium</b>	
	<b>b) Language I</b>	
	<b>c) Language II</b>	
<b>22</b>	<b>Qualifying Examination Details</b>	
	<b>a) Qualifying Exam. Passed</b>	<b>II PUC</b> <input type="checkbox"/> <b>Equivalent Course</b> <input type="checkbox"/>
	<b>b) Year of Passing</b>	
	<b>c) Registration Number of II PUC</b>	
	<b>d) II PUC/ Equivalent Exam Board</b>	
	<b>e) Language I</b>	
	<b>f) Language II</b>	
	<b>g) Maximum Marks</b>	
	<b>h) Obtained Marks</b>	
	<b>i) Optional I</b>	
	<b>j) Optional II</b>	
	<b>k) Optional III</b>	
	<b>l) Optional IV</b>	

<b>23</b>	<b>Annual Income</b>	
<b>24</b>	<b>Specify your choice of institutions in the order of preference</b>	
		<b>Institution Code</b>
	<b>Institution Name</b>	
<b>a)</b>	<b>Choice 1</b>	
<b>b)</b>	<b>Choice 2</b>	
<b>c)</b>	<b>Choice 3</b>	
<b>d)</b>	<b>Choice 4</b>	
<b>e)</b>	<b>Choice 5</b>	
<b>25</b>	<b>Payment Details</b>	
<b>a)</b>	<b>Bank Name</b>	
<b>b)</b>	<b>Date of Payment</b>	
<b>c)</b>	<b>DD Number</b>	
<b>d)</b>	<b>Amount</b>	

**DECLARATION:**

**I solemnly declare that the information provided in the above form is true. In case any information is found to be false or incorrect, I shall forfeit the claim to be considered for selection.**

**Date :**

**Signature of the Applicant**

**Thumb Impression**

**Signature of the  
Nodal Officer with seal**

**Signature of the  
DIET Principal with seal**