



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 2021-22

(for office use)

01. Nodal Center Name:

02. Application Number :

Paste recent
photo

03. Applying for Course : D.El.Ed / D.P.Ed / DP.SE

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 th Std.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Mother Tongue	
13	State	
14	Father Name	
15	Mother Name	
16	Postal Address	

17	Pin code	
18	Mobile Number	
19	E-mail	
20	Special Group	<input type="checkbox"/> Defence Personnel <input type="checkbox"/> Ex-Servicemen <input type="checkbox"/> Gadinadu Kannadiga <input type="checkbox"/> oranadu 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
21	SSLC Details	
a)	Medium	
b)	Language I	
c)	Language II	
22	Qualifying Examination Details	
a)	Qualifying Exam. Passed	II PUC <input type="checkbox"/> Equivalent Course <input type="checkbox"/>
b)	Year of Passing	
c)	Registration Number of II PUC	
d)	II PUC/ Equivalent Exam Board	
e)	Language I	
f)	Language II	
g)	Maximum Marks	
h)	Obtained Marks	
i)	Optional I	
j)	Optional II	
k)	Optional III	
l)	Optional IV	

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

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**