RAMISHT COLLEGE OF EDUCATION, PLAHI(BASOHLI), DISTRICT KATHUA(J&K)-184201

A D M I S S I O N - F O R M(Session:201__-201__)_Category: Local/NonLocal

Admission No._____ College Roll No._____

Date of Admission_____ Form/Application No._____

SPACE FOR PHOTO GRAPH

1.NAME OF THE STUDENT(In capital letters):-

2.FATHER'S NAME(In capital letters):-

3.MOTHER'S NAME(In capital letters):-

4.Date of Birth:-____/____/_____ 5. Category:(Gen/SC/ST/OBC) 6. Area :Rural/Urban

7.Permanent Home Address:-Village:-_____Post Office_____ Tehsil _____

District_____ State_____ PIN CODE_____MOBILE NO._____

8.Educational Qualifications:-

Examination Passed	Board/ University	Year of Passing	Regn.No.	Roll No.	Total Marks	Marks Obtd.	%age
10th							
12th							
B.A./B.SC./							
M.A./M.SC./							

9.SEMESTER WISE SUBJECT/COURSE CODE:- Medium : Hindi/English_____

FIRST SEMESTER

101	102	103	104	105	INTR-1
Education in Indian Perspective	Childhood and Adolescence Education	LanguageCompetence and Communication Skills	Educational Planning and Management	Inclusive Education	School Internship

SECOND SEMESTER

201	202	203	204	205	206	INT-2
Philosophical And Sociological Bases of Education	Teaching Learning and Evaluation	Educational Technology and ICT	Methodology of Teaching Language-I_____ ENGLISH/HINDI/URDU/	Methodology of Teaching SubJect-I_____ S.ST./Biological Science/Math Health & Physical Education/ Computer Education	Action Research	School Interaction

THIRD SEMESTER

INT-3	301	302	303
School Internship	Methodology of Teaching Language-II_____ ENGLISH/HINDI/URDU/	Methodology of Teaching Language-II_____ S.ST./Biological Science/ Maths / Health & Physical Edu./ Computer Education/Performing Art/	Environment and Disaster Management

FOURTH SEMESTER

INT-4	PR	401	402
School Internship	Project Work	Teacher Education	Optional papers(Any one)_____(History Education/Health & Physical Education / Guidance & Counseling/Computer Education)

THUMB IMPRESSION: *Signature of the Candidate*

Admission Committee Members:-

1._____2._____3._____

FOR OFFICE USE ONLY

Bank Challan No._____ Dated_____ Amount_____ Name of Bank/Branch_____

Admission Fee Receipt No._____ Dated_____ Amount _____

Signature of Receiving Authority P R I N C I P A L