Run By- Devi Shakuntalam Pratisthan

SHAKUNTALAM INSTITUTE OF TEACHERS EDUCATION

Approved by- AICTE, NCTE New Delhi, V.K.S.U. Ara & B.S.E.B.Patna

Website:- www.shakuntalamcollege.in, Email Id:- shakuntalamteacherseducation@gmail.com

ADMISSION FORM

D.El.Ed.

Session-2026-28

SHAKUNTALAM COLLEGE

B.Ed. | D.El.Ed. | BBA, BCA | ANM | ITI



Contact us :-
+91 9470014145
+91 8789036195

Address :-
Kirhindih, Kumhau Station Road,
Sheosagar, Sasaram, Rohtas, (Bihar)
Pin - 821111

SHAKUNTALAM COLLEGE

UNDER : SHAKUNTALAM INSTITUTE OF TEACHERS EDUCATION
Affilated By - V.K.S.U. Ara & B.S.E.B. Patna
Recognized By - AICTE & NCTE New Dehli

ADMISSION FORM

PHOTOGRAPH

INSTRUCTIONS

1. Please read the form carefully before filling it.
2. Use only Blue or Black Pen to fill up the Form in English using CAPITAL/BLOCK LETTERS only.
3. Please keep a photocopy of the Form, before submitting, as a ready reference.
4. Incomplete Form will not be considered.

COURSE / PROGRAMME DETAILS:

Programme Name:----------

Programme Specialization : ----------

Session /Year:----------

PERSONAL INFORMATION (IN BLOCK LETTERS)

1. **Gender (tick)** ☐ Male ☐ Female ☐ Others Date of Birth DD - MM - YY
   (As mentioned in Matriculation Certificate)
2. **Name of Applicant**
   (As mentioned in Matriculation Certificate)
3. **Father's Name**
4. **Mother's Name**
5. **Aadhar No.**
6. **Email Id**
7. **Marital Status**
8. **Category** SC ☐ ST ☐ OBC ☐ GEN ☐ Minority ☐ EWS **In case of others Specity**
9. **Nationality** **Domicle** ☐ Bihar ☐ Other **In case of others Specity**
10. **Whether differently abled** Yes ☐ No ☐ If yes, specify

11. WhatsApp Number

12. Student Mobile No.

13. Guardian Pnone No.

CONTACT DETAILS

Permanent Address (Don't Repeat Name)
.....
.....
City..... State ..... Pin Code .....
Permanent Mobile No. (On which all the important information to be delivered)

Parent/Guardian Name _____ Parent/ Guardian Occupation _____

Parent/Guardian Contact no. _____ Email Id _____

QUALIFYING EXAMINATION DETAILS*

Examination	Degree	Board/University	Name of School/College	Total Marks	Marks Obtained	CGPA	Year of Passing	Subject
High School								
10+2 or Equivalent								
Graduation								
Post Graduation								

* Self attested copies of certificates/marksheet should be attached.

DECLARATION BY CANDIDATE

I hereby declare that all the information furnished by me are correct & best of my knowledge.

Candidate's Signature _____ Parent's/Guardian Name _____

Parent's/Guardian Signature _____ Place _____ Date _____

SHAKUNTALAM INSTITUTE OF TEACHERS EDUCATION

Kirhindih, Kumhau Station Road Near Tollgate Sheosagar, Sasaram

Check List for Paper Verification and Admission List

Sl. No	Document	Yes	No
1	Admit Card D.El.Ed. Entrance Examination		
2	Marksheet D.El.Ed. Entrance Examination		
3	College Allotment Slip		
4	Online Counselling fee Receipt		
5	Class X Marksheet		
6	Class X Certificate		
7	Class XII Marksheet		
8	Class XII Certificate		
9	CLC/DLC (Original)/Migration		
10	Domicile Certificate (if applicable)		
11	Cast Certificate (if applicable)		
12	Income Certificate (if applicable)		
13	PWD Certificate (if applicable)		
14	SMQ/Or other Quota Certificate		
15	Passpoart Size Photo		
16	Adhar Card		

ll document verified with the original and found correct. All copies are self attested by the candidates, im /her self.

te...../...../.....

Sing.
Head Clerk

.....

,

e Principal sir,

ease allow the candideate to take admission course.....in the session.....

te...../...../.....

Sing.
Admission In-Charge

.....

lowed,

Principal's Singnature & Seal

Date...../...../.....

.....

R. No.....

ss Roll No. Alloted.....

ard Issued (I. Card No.).....

ad Clerk (Sing.)

Accountant (Sing.)

Declaration / घोषणा

I .....S/o / D/o .....aged about .....

resident of village/town ..... P.o - .....District .....

State ..... Pin ..... do here by solemnly affirm/swear as follows.

1. That all information furnished in application form is true and correct.
2. That I am not engaged in any other regular course.
3. That I am not employed / I am employed and proper NOC and Leave grant for Two year is attached (whichever is applicable)
4. That the fee once paid will not be semanded by me, if quit the course mid way.
5. That I agree to abide by rules and regulations of this College in force and amended/ altered from time to time.
6. That I will not indulge in any activity that would tarnish the image of the institution.
7. That the Shakuntalam Institute Of Teachers Education has every right suspend / dismiss me from the college or even from the University in case I breach the rules and regulation of college.
8. That I will Secure at least 80% attendance in theory and 90 % attendance in practical internship B.Ed/D.El.Ed Course session-..... to appear at the University Exam.
9. That if I secure admission on the basis of any false certificate, marksheet or on the basis of any misrepresentation of fact or illegal, my admission shall be summarily cancelled and all fees paid by me shall be forfeited, Legal action shall also be taken against me.
10. Course Fee - **B.Ed./ D.El.Ed.** Total Fee..... Miss.....

    Paid Amount (Admission)..... Dues Amount.....

    all fees paid by me shall be forfeited, Legal action shall also be taken against me.

That the contents of this affidavit are true and correct to the best of my knowledge & believe.

I identity the candidate

Who signed in my presence.

Advocate **Signature of the Parent/Guardian** **Signature of the candidate**

ANNEXURE – I

AFFIDAVIT BY THE STUDENT

I, _____(full name of student alongwith name of course to which admission is sought) S/o D/o Mr./ Mrs./Ms._____, having been admitted to (name of the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institution, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 0.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that:

a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this ____day of _____ month of _____ year.

_____
Signature of deponent

Name: _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place) on this the (day) of (month), (year).

_____
Signature of deponent

Solemnly affirmed and signed in my presence on this the (_____day) of (_____month), (_____year) after reading the contents of this affidavit.

OATH COMMISSIONER

OUR INSTITUTIONS



B.Ed. | D.El.Ed. BBA | BCA

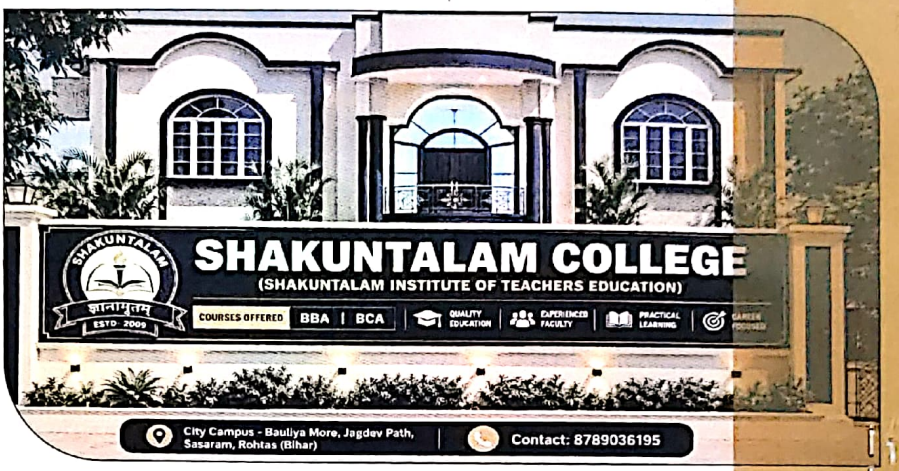
Main Campus

Address- Kirhindih, Kumhau Station Road, Toll Gate, Shivsagar, Sasaram
Mob. 9470014145

Department of BBA | BCA

City Campus

Address-Bouliya More, Jagdev Path Sasram, Rohtas
Mob. 8789036195





ANM

Address- Kirhindih, Kumhau Station Road, Toll Gate, Shivsagar, Sasaram
Mob. 8789036195

I.T.I. ELECTRICIAN | FITTER

Address- Dawanpur Tola, Dayal Bigha, Admapur, Karwandiya Sasaram, Rohtas, Bihar
Mob. 9939205777, 7050001226

