## State Council of Educational Research & Training, Chhattisgarh Shankar Nagar, Raipur



राज्य शैक्षिक अनुसंधान एवं प्रशिक्षण परिषद्, छत्तीसगढ़, शंकर नगर, रायपुर

Telephone-0771-2443596 Fax-0771-2443496 Website: <a href="www.scert.cg.gov.in">www.scert.cg.gov.in</a> Email: scertcg@gmail.com

## D.Ed. Admission Process 2014-15 Option From Pre - D.Ed Exam

1- Pre – D.Ed. Exam Ro	Recent passport						
2. Application Form No.							
3. Mark Obtained in Pre D.Ed. Exam							
4. Overall Rank No.							
Personal Details							
5. Are You Domicile of Chhatisgrh Yes No							
6. Applicants Full Name (Capital letters only)							
7. Gender Male Female 8. Date of Birth D D M M YYYY							
9. Phone No. STD 10. Mobile No.							
11. Email ID							
Name the district from where you belong							
Reservation Details For Chhattisgarh Domicile only - (Tick ( $\sqrt{\ }$ ) Appropriate Details)							
Reservation Category GENERAL SC ST OBC							
(Non-Creamylayer Certificate is Compulsory for OBC Candidate)							
Are you physical Handicap ? Yes No No							
Are you Son/grandson/daughter/granddaughter of Freedom Fighter?  Yes No							
Are you Son/daughter of Ex-Serviceman (Bhutpurva Sainik)?							
12th Details							
Name of the board of 12th Examination							
District in Which School/Study Center is Located							
Name of the School/Junior College							
Stream from which 12th is completed Science Other than Science							
Marks as shown on 12th Standard Mark List							
Marks	Out of	Percentage	Month and Year of				
			Passing				

Challan Details						
Bank Transaction Number		Challan Amount	City Name	City Name		
Challan Date		Bank Name	Branch Na	Branch Name		
College Preferences Please Note; You may able all the private	e to give the preference D.Ed. colleges.	ces for DIET/BTI belo	onging to your distric	et only &		
<b>Enter College Code</b>	C					
1 2	3 [	4		5		
6 7	8 [	9		10		
11 12	13	14		15		
16 17	18	19		20		
21 22	23	24		25		
If You are not allotted co select your district wise present to the select your district wise present your district wise	•	• •		10		
Declaration  I herby declare that all the information furnished by me in this Option Form is true and complete to the best of my knowledge and belief. I understand that entries made by me in this Option Form are final and binding on me. I further declare that in the D.Ed. Admission process if any information being found false or incorrect I shall be liable for action taken by Director, SCERT.  Place:-						

Date :-

**Signature of Candidate**