



**HIMACHAL PRADESH UNIVERSITY**  
**GYAN PATH, SUMMER HILL, SHIMLA – 171 005**

Roll No.....

(Roll No. to be written by the Candidate, if issued)

Note: Please read the instructions carefully before filling up this form.

Affix your latest  
 colour attested  
 passport size  
 photograph.

Do not staple

B.Ed/M.Ed (Semester/ICDEOL)	Regular:	Rs. 1400.00 per semester
	Pvt./Re-appear:	Rs. 1600.00 per semester

**APPEARING EXAM AND CENTRE DETAILS**

- Name of Examination (Class) B.Ed/M.Ed (I/II/III/IV Sem.)/ ICDEOL (1st Year/IIInd Year) \_\_\_\_\_
- Appearing Capacity Details (ICDEOL/Re-appear/Compartment/Improvement): \_\_\_\_\_
- Examination Month \_\_\_\_\_ Examination Year \_\_\_\_\_
- Examination Centre Name/College Name \_\_\_\_\_

**PERSONAL INFORMATION**

- Candidate's Name (as Matric Certificate): \_\_\_\_\_
- Candidate's Name in Hindi \_\_\_\_\_
- Father's Name (as per Matric Certificate) \_\_\_\_\_
- Father's Name in Hindi \_\_\_\_\_
- Mother's Name (as per Matric Certificate) \_\_\_\_\_
- Mother's Name in Hindi \_\_\_\_\_
- Registration No. \_\_\_\_\_ 8. Date of Birth: \_\_\_\_\_
- State of Domicile \_\_\_\_\_ 10. Category: \_\_\_\_\_

**11. PARTICULARS OF LOWER/LAST EXAMINATION (FOR FRESH CANDIDATES OF ICDEOL/ 1st Semester)**

Examination	Subject	Subject Concerned		Roll No.	Year	University
		Marks Obtained	Maximum Marks			
B.A./B.SC./B.COM. I						
B.A./B.SC./B.COM. II						
B.A./B.SC./B.COM. III						
M.A./M.Sc./M.Com						
MBA/B.ED./LL.B/M.Ed.						

12. If appearing simultaneously in the Re-appear/Compartment subject in the B.Ed./M.Ed. or any other examination equivalent thereto mention Class \_\_\_\_\_  
 Subjects \_\_\_\_\_ Roll No. \_\_\_\_\_ Month \_\_\_\_\_  
 Year \_\_\_\_\_.

**APPEARING CAPACTIY DETAILS (THEORY)**

13. Subject in which to appear in the ensuing examination of B.Ed to be held in \_\_\_\_\_

B.Ed./M.Ed. Sem...../ICDEOL..... year (Subjects)			
Course No	Name of the Paper	Course No.	Name of the Paper

14. Medium of Examination (English/ Hindi): \_\_\_\_\_

15. Whether Blind or Permanently disabled from writing or crippled? (Attach Certificate) \_\_\_\_\_

16. Date of Issue of Demand Draft/IPO (DD/MM/YY) \_\_\_\_\_

17. DD/IPO No. \_\_\_\_\_ 18. Name of Issuing Bank/Post Office \_\_\_\_\_

**CONTACT DETAILS**

19. Permanent Address: \_\_\_\_\_

\_\_\_\_\_ Mobile No. \_\_\_\_\_

20. Correspondence Address: \_\_\_\_\_

\_\_\_\_\_ Mobile No. \_\_\_\_\_

I solemnly declare that the above particulars filled in by me are correct and that in case of any discrepancy found therein, I shall be responsible for the consequences. I also certify that I have not been debarred to appear in the examination or any case of Unfair means is pending against me. I will not have any claim in case my examination form is rejected due to incomplete information including examination fee.

Date:

(Signature of Candidate)

## CERTIFICATE

### Regular/ ICDEOL Students:

The candidate has attended not less than 75% lectures in each subject during semester/PCP. The candidate fulfills the minimum eligibility criteria for appearing in the B.Ed.(Regular/ICDEOL).\_\_\_\_\_ semester/year examinations. I am satisfied to the best of my knowledge and belief that all the above mentioned particulars and photograph are of the applicant who is the genuine candidate of Regular/ICDEOL applying for B.Ed examination.

**Principal/Director (ICDEOL)**  
**Signature & Seal of Attesting Authority**

### Re-appear/Improvement Students:

1. The candidate has previously appeared in the examination under Roll No.\_\_\_\_\_in Year \_\_\_\_\_Month\_\_\_\_\_as regular/re-appear student and failed or was placed under re-appear/compartament.
2. I am satisfied to the best of my knowledge and belief that all the above mentioned particulars and photograph are of the applicant who is the genuine candidate applying for B.Ed exam.

**Principal/Director (ICDEOL)**  
**Signature & Seal of Attesting Authority**

## GENERAL INSTRUCTIONS

1. **Examination Fees is to be paid in favour of Finance Officer, H.P. University, Summer Hill, Shimla – 171 005 in shape of Draft/IPO payable at Summer Hill, Shimla – 171 005.**
2. Incomplete Forms are liable to be rejected.
3. The candidates must paste two recent passport size photograph at the appropriate space provided on the Form and Admit Card and attach the attested copies of certificates for verification of eligibility along with this form.
4. The candidates must **write his/her correct address on the three self-stamped letter size envelopes and attach with this form.**
5. Examination fee once paid is neither refundable nor adjustable in any subsequent examination unless the office finds the candidates ineligible to appear in the examination.

<b>NOTE :- The examination form complete in all respects should be sent to the Controller of Examinations, H.P. University, Shimla-171005 (HP).</b>
---

**CONTROLLER OF EXAMINATIONS**

# ADMIT CARD

PROVISIONAL

Roll No. \_\_\_\_\_

**(Roll No. to be written by the Candidate, if issued)**

(To be filled in by the Candidate)

**Affix your latest  
colour attested  
passport size  
photograph.**

**Do not staple**

Admit (Name of the Candidate) \_\_\_\_\_ son/  
Daughter of Sh. \_\_\_\_\_

to the B.Ed/M.Ed (I/II/III/IV Sem.)/ICDEOL (Ist/IIInd Year) \_\_\_\_\_

Examination to be held in \_\_\_\_\_ 201\_\_\_\_\_ on the

dates as given in the Date Sheet at Centre of Examination

---

Signature of Candidate

Controller of Examinations  
Himachal Pradesh University

---