

SEAT CONFIRMATION FORMAT
M.Ed/B.Ed ADMISSION-2024
BODOLAND UNIVERSITY

Sl.No:.....

(To be submitted to the Chairman of the admission committee within seven days from the date of counseling for confirmation of seats)

#. B.Ed/M.Ed (Please tick)

- (1) Name of Student:.....
- (2) Entrance Roll No:.....
- (3) Name of Guardian:.....
- (4) Address:.....
.....
- (5) Rank Sl. No.:(6) Marks obtained in the entrance test:.....
- (7) Date of counseling:...../...../..... (8) Date of admission in the College/Institute:...../...../.....
- (9) Name of College/Institute admitted:
- (10)U.G/PG /B.Ed. percentage :.....(11) Category under which seat allotted:.....
- (12)Counseling Amount paid: Rs.....(Please enclosed money receipt)
- (13)Admission amount paid: Rs.....(Please enclosed money receipt)
- (14)Declaration:

I Sri/Miss/Mrs..... hereby declare that I have attended counseling and taken admission as above mentioned details and will sincerely attend the classes as per Bodoland University rules.

Date:.....

Signature of student

Forwarding by the Head of College/Institute

I am forwarding herewith the details and undertaking given by above mentioned student along with enclosures for approval by the authority of Bodoland University.

Date:.....

Signature of Principal with Seal

Official verification

Above mentioned details given by student and Head of the College/Institute is verified and found correct. Admission is forwarded for confirmation and approval.

Verified by

Approved by

Signature:

Name:

Chairman, Admission Committee

Designation:

Bodoland University

Date:

Date: