



**COUNSELLING FORM  
B.Ed. ADMISSION  
BODOLAND UNIVERSITY**

SL No.....

Date:.....

1. Name of Candidate:.....
2. Father's Name:.....
3. Mother's Name:.....
4. Caste/Category: ST(P)/ST(H)/SC/OBC/MOBC/EWS/PWD:.....
5. Permanent Address:.....  
.....
6. Name of the Institute Last Attended:.....
7. Date of last Examinations passed:.....
8. B.Ed. Entrance Roll No:..... B.Ed. Entrance Marks:.....
9. B.A/B.Sc. /B.Com. Marks:..... Percentage.....
10. P.G. Marks, if any:..... Percentage.....
11. Documents Verification:

Education qualification			
Exam Name	Year of passing	Percentage	Remarks , if any
H.S.L.C			
H.S			
U.G.			
P.G			
Any other			
Caste/Income/NCL etc. details .			
Category	Date of Issue	Valid up to	Remarks , if any
Caste/PWD/EWS/NCL			

Date:

Signature of Student

12. Verified the submitted documents/information and found in order, may be consider for B.Ed. seat allotment.

Name of Verifier:.....

Signature with date

13. Recommended for admission:

(a) Allotted Name of college/Institute: .....

(b) Category:.....

(c) Remarks if any:.....

Date:

Chairman  
Counseling Committee





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Date:

Chairman  
Counseling Committee