

APPLICATION FORM



AGRAGATI PRIMARY TEACHERS' TRAINING INSTITUTE

Recognized by NCTE, Govt. of India

&

Affiliated by West Bengal Board of Primary Education

Village- Kalikata, P.O.-Rashpur, P.S. –Amta, Dist.-Howrah, Pin Code- 711 401

Sl. No.....

APPLICATION FORM FOR ADMISSION

SESSION:

1. Name in full (in Block Letters):.....
First name Middle name Sumame
2. Father's Name:
3. Guardian's Name (if father is not guardian):
Husband's Name(in case of married woman):
4. Permanent Address:
House No: Street/Road/Village:
Post Office: District:
Police Station: Pin Code:
5. Present Address (if permanent address is not the present address):
House No: Street/Road/Village:
Post Office: District:
Police Station: Pin Code:
6. Telephone No. with (STD code) and or Mobile No.:
7. Gender: Male/ Female
8. Marital Status: Single/Married
9. Date of Birth(as per Madhyamik Admit Card):

D	D	M	M	Y	Y	Y	Y
10. Age (as on 31st August of applying year):
11. Religion:
12. Caste: General/OBC/SC/ST/Any other

13. Academic Qualification:

(At least 50% marks in aggregate in HS/+2 Examination is required.)

Year of Passing	Name of the Exam	Name of the Board	Total Marks Obtained	Division	% of Marks

14. Details of Extra Curricular activities(if any):

15. Documents Required:

- a. Three Photocopies of Madhyamik certificate as proof of date of birth, duly attested by the head of the institution last attended.
- b. Three Photocopies of certificate and mark sheet of H.S./Equivalent, duly attested by head of the institution last attended.
- c. Sports certificate(if any).
- d. Certificate of Extra curricular activities(if any).
- e. Three copies of self attested passport size photograph of the candidate.
- f. Character certificate from the head of the institution last attended/1st class Gazetted officer.
- g. Physically fit certificate from the Registered Medical practitioner.

I shall abide by the all rules and regulations of the institute during the period of my training and undergo the training sincerely.

Date:

Signature of the Applicant

☆ Struck off which is not necessary

☆☆ Please mention if you are Physically Handicapped/Ex. Service man

FOR OFFICE USE ONLY

Verified By.....Admitted/Rejected.....

Date of Admission.....

Roll No..... Bhaban.....

Room No.....

Signature of the Principal

With date