

Rs 10/-

**COLLEGE OF TEACHER EDUCATION ANDHRA MAHILA SABHA  
AUTONOMOUS**

**FORM OF APPLICATION FOR REGISTRATION TO B.Ed.(Gen)Course  
IV SEMESTER THEORY EXAMINATIONS TO BE HELD IN June/July 2020**

Appl No:

Details of Examination Fee Paid .....

Amount Rs.....

The Photo to be attested by the Principal of the Collage with seal.



Before filling the Form, read carefully the instructions printed on the next page.

Name of the Candidate ( In capital letters)						
Father's Name (In capital letters)						
Mother's Name (In capital letters)						
Category of the candidate OC/BC/SC/ST						
Candidate's Home Address						
Date of Birth and Age at the time of submitting the Application						
Degree or its equivalent Examination which the Candidate has passed		Name of the College	Name of the Examination	Year of Passing	Roll.No	Div. Optionals
College in which the Candidate has studied for the B,Ed. COURSE		Name of the college		Year of study		Class Roll.No
Year or Years if any, in which the candidate had appeared for the Examination previously, mention the Roll.No.		Year				Roll No
Subject or subjects in which the Candidate was declared to have passed with Roll No.and year of Examinations.		Subjects		Roll.No	Year	Division
		Theory				
		Practical				
Subject or Subjects in which the candidate desires to appear the Theory and Practical Examinations in this Academic Year		Theory		Paper-I		Paper-II
		Paper-III		Paper IV		Paper -V
		Practicals				
		School Name/Internship				
Centre:		COLLEGE OF TEACHER EDUCATION, ANDHRA MAHILA SABHA				

Date :

Signature of the Candidate

## INSTRUCTIONS TO THE CANDIDATES :

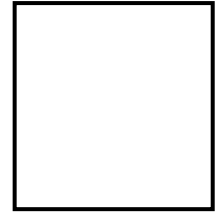
1. All entries should be in candidate's own hand-writing and candidate be held personally responsible for any incorrect entry that she makes.
2. The College reserves the right to cancel the admission of the candidate at any stage when it is detected that her admission to the examination or the college is against rules.
3. The name of the candidate and that of her father given overleaf should correspond to those mentioned on the intermediate. or its equivalent certificate.
4. Any false or incorrect statement in the application form will render the candidate liable to disciplinary action.
5. For details and full information with regard to the Examination, the candidate should refer to the Rules and Syllabus.

Issued to the Centre:

CTEAMS

Hall Ticket

**COLLEGE OF TEACHER EDUCATION ANDHRA MAHILA SABHA  
(TO BE FILLED BY THE CANDIDATE)**



Name of the Examination: .....Medium: .....

Academic Year : .....

Name of the Candidate	Father's Name

Subjects in which the candidate is appearing including practical examinations, if any

1.	2.	3.	4.

Identification Marks: 1..... 2.....

Signature of the Candidate

Office In-charge

Controller of Examinations

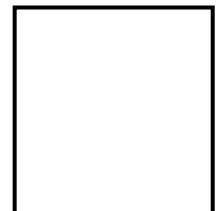
To be issued to Candidate.:

Centre:

CTEAMS

Hall Ticket

**COLLEGE OF TEACHER EDUCATION ANDHRA MAHILA SABHA  
ENTRANCE - PASS  
( TO BE FILLED BY THE CANDIDATE)**



Name of the Examination: .....Medium: .....

Academic Year : .....

Name of the Candidate	Father's Name

Subjects in which the candidate is appearing including practical examinations, if any

1.	2.	3.	4.

Identification Marks: 1..... 2.....

Signature of the Candidate

Office In-charge

Controller of Examinations

Rs 10/-

**COLLEGE OF TEACHER EDUCATION ANDHRA MAHILA SABHA  
AUTONOMOUS**

**FORM OF APPLICATION FOR REGISTRATION TO B.Ed.(Gen)Course**

**III SEMESTER Supplementary EXAMINATIONS TO BE HELD IN June/July 2020**

Appl No:

Details of Examination Fee Paid .....

Amount Rs.....

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Mother's Name (In capital letters)						
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Candidate's Home Address						
Date of Birth and Age at the time of submitting the Application						
Degree or its equivalent Examination which the Candidate has passed		Name of the College	Name of the Examination	Year of Passing	Roll.No	Div. Optionals
College in which the Candidate has studied for the B,Ed. COURSE		Name of the college		Year of study		Class Roll.No
Year or Years if any, in which the candidate had appeared for the Examination previously, mention the Roll.No.		Year			Roll No	
Subject or subjects in which the Candidate was declared to have passed with Roll No.and year of Examinations.		Subjects		Roll.No	Year	Division
		Theory				
		Practical				
Subject or Subjects in which the candidate desires to appear the Theory and Practical Examinations in this Academic Year		Theory		Paper-I		Paper-II
		Paper-III		Paper IV		Paper -V
		Practicals				
		School Name/Internship				
Centre:		COLLEGE OF TEACHER EDUCATION, ANDHRA MAHILA SABHA				

Date :

Signature of the Candidate

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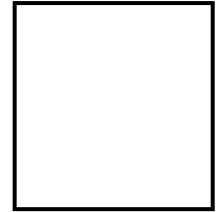
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(TO BE FILLED BY THE CANDIDATE)**



Name of the Examination: .....Medium: .....

Academic Year : .....

Name of the Candidate	Father's Name

Subjects in which the candidate is appearing including practical examinations, if any

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Identification Marks: 1..... 2.....

Signature of the Candidate

Office In-charge

Controller of Examinations

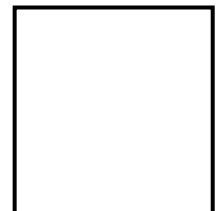
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