Application Form for C-TET Admission

KAMALA DEVI SOHANRAJ SINGHVI JAIN COLLEGE OF EDUCATION

Recognized by NCTE, Affiliated to the BSAEU & WBBPE

(A Govt. Approved Minority Instituton run under the auspices of Shree S.S.Jain Sabha)
6, Ram Gopal Ghosh Road, Cossipore, Kolkata -700002
Mobile: 8420843443 TEL: 25468008
E-mail: kssctet2024@gmail.com

Session: 20 - 20

Name :(Block Letters)……

DOB :…… **Gender:** ……**Aadhar No:**……

Father/ Name:…… …… **Mobile No:**……

Mother's Name …… **Mobile No:**……

Guardians Name:……**Mobile No:**……**Relationship**……

Permanent Address: ……

……

Contact Number:…… **Email:** ……

Nationality: …… …… **Religion**……

Language Known ……

Method Subject:…… **Subject taken for C-TET**……

Any type of Physical / Mental / Other Challenges – Yes/No (Mention type if Yes) : ……

- **I declare that the above information's are true to the best of my knowledge. I understand that fees once paid at the time of admission will neither be adjusted nor refunded.**

Signature: