

**Admission Form**

**Failure Candidate of D.El.Ed. Part-I, Batch 2016-18, May/June-2019**

1. DIET/Institute \_\_\_\_\_
2. Examination Centre \_\_\_\_\_
3. Previous Roll No. \_\_\_\_\_
4. Registration No. \_\_\_\_\_
5. Name of Candidate \_\_\_\_\_
6. Father Name \_\_\_\_\_ Mother Name \_\_\_\_\_
7. District \_\_\_\_\_
8. Subject(s) \_\_\_\_\_
9. Contact No. \_\_\_\_\_
10. Address & Pin Code \_\_\_\_\_  
\_\_\_\_\_
11. Bank Name \_\_\_\_\_ Draft.No. \_\_\_\_\_
12. Fee Deposite Date \_\_\_\_\_ Amount. \_\_\_\_\_
13. Fee Amount Rs 900/- per Candidate

Attach latest  
Photograph of  
the candidate

Candidate's Signature

DIET/INSTITUTE

We hereby declare that all the data/information provided in this form has been verified, checked and found correct in every respect.

**Attested By**

**Principal**

**Name/Contact No./Sign. with Seal**

**Instructions:-**

- (1) Please attach Bank Draft along with this admission form.
- (2) Candidate, Teacher & School/DIET/Institute Concerned are fully responsible for the information feeded in the offline form.
- (3) Last date of Offline form submission along with required fee amount is 31-03-2019. After that no form will be accepted in any case.
- (4) Candidate must download his/her admit card from Board's Website [hpbose.org](http://hpbose.org)