



d) E-Mail Id. (if any) \_\_\_\_\_

8. Date of Birth

Date		Month		Year			

9. Nationality

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

10. Country of Residence

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

11. Sex Code

--	--

14. Category Code

--	--

12. Educational Qualifications : ( Please attach attested photocopies of certificates/degrees along with mark sheet)

Examination Passed	Year of Completion	Subjects	% of Marks Obtained	Board/University
1. Matriculation				
2. Higher/Sr. Secondary				
3. Graduation				
4. Post Graduation				
5. Research Degree				
6. JBT/Diploma in Education				
7. B.Ed				

13. In service parameters:

Level of Teacher

(A) Untrained (B) Trained

i) Nursery/KG School

:

ii) Elementary School

:

iii) Secondary School

:

iv) Higher Secondary School

:

Nature of Present Employment

: Regular/Temporary

Name of School and Address	Type of School Government/Private	Post held	Period of Employment in Years and Months

FORM : 2

### Certificate of Employment

**Name of the Candidate**

: \_\_\_\_\_  
\_\_\_\_\_

**Nature of Employment**

: \_\_\_\_\_  
\_\_\_\_\_

**Period of Employment**

: \_\_\_\_\_  
\_\_\_\_\_

This is to certify that above statement is correct to the best of my knowledge.

Counter Signature of the Coordinator  
of the Study Centre

Signature of the Employing Authority

Category Certificate  
(For SC/ST/OBC/PH Candidates)

This is to certify that Mr./Ms. \_\_\_\_\_  
Son/daughter/wife of Shri \_\_\_\_\_ of Village \_\_\_\_\_  
Town \_\_\_\_\_ District \_\_\_\_\_ State/U.T. \_\_\_\_\_  
Belongs to \_\_\_\_\_ Caste Category which is recognised as a Scheduled  
Caste/Scheduled Tribe/OBC under the Constitution (Scheduled Caste part C States) order 1951 read  
with the SC/ST lists (Modification) order, 1956.  
Mr/Ms. \_\_\_\_\_ and his/her family reside in village/town \_\_\_\_\_  
District \_\_\_\_\_ State/U.T. \_\_\_\_\_

Signature of Tehsildar/Commissioner/District Magistrate

Place: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Seal/Stamp: \_\_\_\_\_

**FORM : 4**

**Declaration by Applicant:**

I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfil the minimum eligibility criteria and have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidates shall be liable to cancellation by the university at any time and I shall not be entitled to refund of any fee paid by me to the University.

Date: \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_

FOR MPBOU OFFICE USE ONLY:

Received by 

POST	HAND
------	------

Date of Receipt of the Form \_\_\_\_\_

Eligible/Not Eligible \_\_\_\_\_

Signature of receiving Official

# MADHYA PRADESH BHOJ (OPEN) UNIVERSITY

FOUNDATION COURSE ON EDUCATION OF CHILDREN WITH DISABILITES (FC-SEDE)

## ATTENDENCE SLIP

NAME :		Affix your latest passport size photograph  (4cm X 5cm)  duly attested by you	
DATE OF EXAMINATION			
FORM No.FC-SEDE- K : 60665	Time of Examination	Signature of the Candidate  (In examination Hall)	
To be filled by candidate during examination		Signature of the candidate	
Choice of study centre:	ROLL NO.		Signature of Invigilator/Co-ordinator
	FCK		

Note: This attendance slip should be retained by the co-ordinator And must be given to the invigilator for verification with the Roll No. issued to the candidate. The signature of the candidate must be taken on the day of examination.

