



INDIRA GANDHI NATIONAL OPEN UNIVERSITY

Regional Centre, Saharsa

Naya Bazar, Saharsa-852201

Ph. No 06478-219015 Email: rcsaharsa@ignou.ac.in

ACCEPTANCE FORM for B.Ed. January 2015

Draft No: _____

Issuing Bank & Branch: _____

Payable at: **SAHARSA**

Date of Issue: _____

Amount: 20,000/-

1. Name of the Student: _____

2. Enrolment Number :

3. Category: _____ (Gen/SC/ST/PH/KM/OBC-NC/WW)

4. Marks & Counselling Date: _____

5. KVS Employee: _____ (Yes/No)

6. Medium of instruction: _____ (English/Hindi)

Please select 2 courses from Group B and 1 course from Group C (Details given in Prospectus)

Group B: ES

ES

Group C: ES

7. Name & complete address (& contact number) of the school where currently employed

8. Study Centre (Code): 46009P (IGNOU Programme STUDY CENTRE MFAABTT College, Rambahg, Purnea- 854301)

9. Date of Counselling _____

Candidate's Signature: _____

(With date and time)

10. Name & Address of the school where Practicals/Practice Teaching to be conducted:

Declaration by Applicant

I hereby declare that I have read and understood the conditions of eligibility for admission to B.Ed. Programme of IGNOU. I fulfill the minimum eligibility condition and have provided necessary information in this regard. I have studied & understood the rules of the University and accept them and shall not raise any dispute in future over the same. In the event of any information being found incorrect or misleading, my candidature shall be liable to cancellation by University at any time and I shall not be entitled to refund of any fee paid by me to the University. I also undertake that the allotment of the Study Centre _____, is acceptable to me and I will not request for change in the allotted Study Centre.

Date: _____

Signature : _____

Name : _____

Address : _____

Phone No. : _____

Annexure-2

Permission from the School (The Work Centre) for undertaking B. Ed Practicals/Practice Teaching

I hereby undertake that the school will provide facilities to Mr./Ms..... needed for carrying practical work for the B.Ed. programme.
This school is Secondary/Higher/Senior Secondary School.

(Signature of Principal/Headmaster/Headmistress)

Place:
Date :

Name :
Designation :
Name of the School :
Full Address of the School:
Telephone No.:
Mobile No.
Email ID of the school.....
(Seal/Stamp)

DECLARATION OF MENTORS

I hereby declare that I have specialized in the Teaching of the subject mentioned below for my B.Ed. qualification. I agree to be a Mentor for the Content-based Methodology Course referred against my name. I am willing to guide Mr/Ms. _____ Enrolment No. _____ as a mentor within the provisions of IGNOU B.Ed. programme.

Mentor-1 Subject ES.....

Signature
Name:
Designation:
School Address:
.....
.....
Ph. No.(with STD Code).....
Mobile No.....
Email:.....

Mentor-2 Subject ES.....

Signature
Name:
Designation:
School Address:
.....
.....
Ph. No.(with STD Code).....
Mobile No.....
Email:.....

Experience-cum-Employment Certificate
(To be submitted at the time of counseling)

(i) This is to certify that Mr./Ms. _____ has been teaching in this school from ____ (DD) ____ (MM) ____ (YR) to ____ (DD) ____ (MM) ____ (YR).

(ii) His/ Her appointment in this school is on full time temporary/permanent basis and teaching the students of class from _____ to _____ in the subjects _____ etc.

(iii) This School is Govt./Govt. aided/unaided and is duly recognized by the central/state government/union territory by virtue of obtaining Registration No. _____ dated _____ from Directorate of Education, _____ (Name of the state) for a period _____

I hereby undertake that all the information mentioned above are true and the University is empowered to take legal action against me for any wrong information.

Place :

Date :

Signature of Principal/Headmaster/Headmistress

Full Name :

Designation :

Name of the school :

Registration No. of the Institution:

(Attach Copy of the registration)

Full Address of the school :

.....

Telephone No.:

Mobile No.

Email ID :,

(Seal/Stamp)

Note:

1. If the Applicant has worked in more than one School, separate Teaching Experience Certificate should be obtained from each School.
2. For every experience attach attested copy of the registration certificate of the school.

**AFFIDAVIT BY THE STUDENT
(TO BE SUBMITTED ALONG WITH APPLICATION FORM)**

I, _____ (full name of the student with admission/ registration/ enrolment number) s/o d/o Mr./Mrs./Ms. _____ having been admitted to _____ (name of the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understand the provisions contained in the said Regulations.

2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, of being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of , abetting or being part of a conspiracy to promote, ragging and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of deponent

Name :

Address :

Tel./Mobile no.

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (place) this the _____ day of _____ (month), _____ (year).

Signature of deponent

Solemnly affirmed and signed in my presence on this the ____ (day) of _____ (month), _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER

**AFFIDAVIT BY THE PARENT/GUARDIAN
(TO BE SUBMITTED ALONG WITH APPLICATION FORM)**

I, Mr./Mrs./Ms. _____ (full name of parent/guardian/father/mother/guardian of, _____ (full name of student with admission/registration/enrolment number), having been admitted to _____ (name of the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understand the provisions contained in the said Regulations.

2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, of being part of a conspiracy to promote ragging.
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6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of , abetting or being part of a conspiracy to promote, ragging and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

SIGNATURE OF DEPONENT

Name :

Address :

Tel./Mobile no.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (place) this the _____ day of _____ (month), _____ (year).

SIGNATURE OF DEPONENT

Solemnly affirmed and signed in my presence on this the _____ (day) of _____ (month), _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER