



# KPPM COLLEGE OF TEACHER EDUCATION

(Recognised by NCTE and Affiliated to University of Calicut)

**ANAKKAYAM, MALAPPURAM, KERALA – 676 509**

Phone: 0483 2848277 – Email: kppmcollege.edu@gmail.com Web: kppmcollegeofteachereducation.org

## APPLICATION FORM FOR ADMISSION

Admission No.....

Form No.....

OPTIONAL SUBJECT APPLIED FOR : .....

1. Name of the applicant (in block letters) :

2. Name of the applicant (in mother tongue) :

3. Expansion of initials :

4. Sex : Male  Female

5. Marital Status : Married  Unmarried

6. Age and date of birth :

Age	Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Aadhar ID :

8. WhatsApp No. :

9. Mobile Number :

10. Email ID :

11. Parent Mobile number :

12. Name of Mother :

13. Family Annual Income :

14. Religion & Community :

15. Category - :

SC	ST	OEC	OBH	OBC	LA
<input type="checkbox"/>					

*(Attach true copy of community & income certificate)*

16. Permanent Address :

17. Present Address :

18. Name & Occupation of parent or Guardian with relationship :

Affix a recently taken (Note more than 3 months) Passport Sized Photo

19. Address of parent or Guardian :

20. Educational Qualifications:

Name of Examination	Subject	Marks Obtained	Maxi. Marks	% of Marks	Year of Passing & Reg. No.	Name of University
SSLC						
Plus Two						
UG						
PG						
Others						

21. Details of qualifying examinations for B.Ed.

Degree	Main Subjects	Marks of Main subjects & percentage	Marks of Subsidiary Subjects & percentage	Part I subjects	Marks of Part I Subjects & percentage	Part II subjects	Marks of Part I Part II & percentage
BA							
B.SC							
M.Com							

22. Nativity (If you are a native under the jurisdiction of University of Calicut attach Nativity certificate from the competent authority. Residence Certificate will not be considered).

24. Name of Institution last attended with year of study :

**DECLARATION**

I, ..... do hereby declare that the statements made in this application are true and best of my knowledge and belief.

Place:

Date:

Signature of the applicant

**AFFIDAVIT**

I, ..... of ..... house, ..... Village .....  
Post ..... District ..... has read carefully the rules and regulations of the college and swear that I will accomplish my professional programme of teacher education abide with the rules and regulations of the college.

Place: Anakayam

Date:

Name and Signature

**FOR OFFICE USE ONLY**

Fees paid:

Fees to be collected:

Signature of Superintendent:

**ORDERS OF PRINCIPAL**

Signature of Principal