

FATHIMA MEMORIAL TRAINING COLLEGE



(Affiliated to the University of Kerala)
Pallimukku, Vadakkevila P.O, Kollam- 691 010
Ph: 0474- 2727368

APPLICATION FOR M.ED. COURSE



Note : Make all entries using **BLOCK LETTERS**.
Put mark in the box wherever applicable

1. Name of the Applicant	:					
2. Sex	:					
3. Age & Date of Birth	:					
4. Place of Birth	:					
5. Religion & Caste	:					
6. Permanent Address	:					
7. Address for Communication	:					
8. Phone No. [Landline & Mobile]	:					
9. Name of Parent/ Guardian	:					
10. Relationship with Guardian	:					
11. Occupation & Address of Parent/ Guardian	:					
12. Annual Family Income	:					
13. If eligible for community reservation, which community	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SC

ST

SEBC

OEC

OBC

14. Educational qualifications :

EXAMINATION PASSED	UNIVERSITY	YEAR OF PASSING	OPTIONAL SUBJECTS	CLASS*	TOTAL MARKS	% OF MARKS
B.Ed						
M.A/ M.Sc/ M.Com						

15. Teaching Experience in recognized Schools/ Colleges :

YEAR	MONTH	NAME OF INSTITUTIONS SERVED	WHETHER GOVT./ AIDED/ UNAIDED

16. Present Employment, if any, with the name of Institution :

17. If Employed, whether steps have been taken to get leave for the period of the course :

18. Whether participated in N.C.C/ N.S.S activities, If yes, give particulars*

Yes/ No.

Name of College:

Name of Course :

Duration of the Course:

DECLARATION

- a) I hereby declare that the facts given in the application are true.
- b) I will make available to the College authorities all the original certificates.
- c) If selected for the course I undertake to abide by all the rules and conditions prescribed for the course by the College authorities.

Place:.....

Date :.....

Signature of the Applicant.

**Attested copies of necessary certificate should be attached*

FOR OFFICE USE ONLY

Application No.

Admission No.

Optional Subjects

Date of Admission

Signature of the Principal