



SUNRISE ACADEMY MANAGEMENT SOCIETY

Opp DEAL, Raipur Road, Dehradun 248001. Tel - 0135 - 2789899

Email: sunriseacad@gmail.com, website: www.sunriseedu.com

ADMISSION FORM B.Ed.

Candidate
photo

1.

First Name	Middle Name	Last Name
------------	-------------	-----------
2. Father's Name
3. Mother's Maiden Name
4. Permanent Address
5.
.....
6. Contact No. (M) Contact No.
(Tel.).....
7. Local Adress
8. Contact No. (M) Contact No. (Tel)
9. Date of Birth
10. State of Domicile
11. Category

	GEN
--	-----

	SC
--	----

	ST
--	----

	OBC
--	-----

	PH
--	----

	FF
--	----
12. Religion
13. City PIN State
14. Adhar no..... Email:
15. Academic Record

Exam	University/Board	Year	%	Subjects	School/College
10					
10+2					
UG					
PG					

16. Declaration

I declare that I am applying for admission with the consent of my parent/guardian and that the particulars given above are correct. I have read the college prospectus as well as admission requirement as laid down by the University for the Course.

I further declare that I shall not take part in any Ragging Activity whatsoever; and that in case I breach the above suitable accepted.

Date:

Signature of Applicant