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केंद्रीय मुक्त विद्यालयी शिक्षा संस्थानSM
Central Institute of Open Schooling
(AN AUTONOMOUS BODY TO PROMOTE SCHOOL EDUCATION & VOCATIONAL COURSES)

ADMISSION FORM
TEACHERS TRAINING COURSE
DISTANCE EDUCATION

FORM - II
New Dehil - 110058

The Examination Center Selected District :

SSLC Board Exam Details : (a) Year of Passing

(b) Roll Number

(c) Board

Other Educational Qualification Details :

Registration Fee. Details : Mode of Fee. DD / CASH. Reg. fee. Rs.

DD No

Date of Bank Draft

Bank Name

DECLARATION OF STUDENT / PARENT

I hereby declare that, I am enrolling myself for the correspondence course of distance education. I have gone through the brochure and website of this course and I have fully understood it. I agree and accept the terms and conditions said in the brochure and website. I also agree that it is my personal responsibility to study the course and to pass the examination.

All disputes and claims will be resolved by way of Arbitration according to the Arbitration and Conciliation Act, 1996 and the Jurisdiction will be in Ernakulam district. If the applicant violates any of the terms of the rules and regulations of the course he / she is likely to be terminated and no part of the fee collected would be refunded. The institution will not be liable for any failure due to act of God, act of Government or Statutory undertaking or anything beyond the institution's control, nor we would be liable for any incidental or consequential loss or damage arising out of this.

Signature of Student : _____ Date

Signature of Parent : _____ Place

LIST OF DOCUMENTS WITH APPLICATION (Specify No. of Copies)

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OFFICE USE ONLY

Course Registration ID

Student Registration Number