



Application No.

Issued on

**MICHAEL JOB MEMORIAL COLLEGE OF EDUCATION FOR WOMEN**

Approved by NCTE, Affiliated to TNTEU, Accredited by NAAC with "B" Grade

Near Sular Boat Lake, Ravathur P.O, Sular, Coimbatore - 641103

e-mail : admissions.contact@mjc.ac.in

Website: www.mjcbcd.ac.in

Contact : 73050 40206 , 73050 40207 , 98436 86389



B. Ed.

**PROGRAM APPLIED FOR**

Tamil

Maths

Physical Science

Commerce & Accountancy

M. Ed.

English

History

Biological Science

Computer Science

1. Name of the Applicant (in BLOCK LETTERS) as in SSLC (10<sup>th</sup>) CERTIFICATE

2. Name of the Applicant (in TAMIL) as in SSLC (10<sup>th</sup>) CERTIFICATE

3. Name of the Parent / Guardian (in BLOCK LETTERS)

FATHER : \_\_\_\_\_

MOTHER : \_\_\_\_\_

4. Permanent Address (in BLOCK LETTERS)

\_\_\_\_\_  
\_\_\_\_\_

Pincode :

5. WhatsApp Number - PARENT / GUARDIAN :

1) \_\_\_\_\_ 2) \_\_\_\_\_

6. WhatsApp Number (STUDENT) : \_\_\_\_\_

7. E - mail ID (STUDENT) : \_\_\_\_\_

8. Date of Birth :          
Date Month Year

9. Blood Group (STUDENT) : \_\_\_\_\_

paste a recent passport size photograph  
  
**Do not staple**



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10. Student AADHAAR No.

11. Nationality : \_\_\_\_\_

12. State :  TamilNadu  Others

13. Religion : \_\_\_\_\_

14. Community : OC/BC/BC(M)/MBC/DNC/SC/SC(A)/ST (write in the box)

(attested copy should be enclosed)

Name of the Caste : \_\_\_\_\_

Sl. No. of the Community Certificate : \_\_\_\_\_ Scholarship :  Yes  No

15. Person with disability:  Yes  No (If yes attach medical certificate issued from authorized authority)

16. Parent's Occupation : FATHER : \_\_\_\_\_

MOTHER : \_\_\_\_\_

17. Annual Income : \_\_\_\_\_

18. Extra Curricular activities \* :  Sports  NSS  NCC  Others

Mention in detail :

19. Hostel Facility required :  Yes  No

20. In case of any special consideration (If Yes, attach the Certificate)

a. Dependent of Defense Person :  Yes  No

b. Alumni of MJC Group of Institution :  Yes  No

c. National/ State Level Sports person:  Yes  No

d. Destitute Widow :  Yes  No



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**21. Academic Performance at School Level:**

S. No.	Register Number	Medium of Instruction	Board	Month & year of passing	Marks obtained	Maximum Marks	%
SSLC (10 <sup>th</sup> )							
HSC (12 <sup>th</sup> )							

**22. Name of the UG Degree with Subject:** \_\_\_\_\_

(In case of double or triple major subjects, mention the subject which you wish to study for B.Ed. and enter the marks for that subject in the table shown below)

S.No	Category	Name of the Subject	Maximum Marks	Secured Percentage	Year of Study
1	PART III & IV				

**23. Details of PG Degree: M.A/M.Sc/M.Com/MCA (put the tick mark (√) )**

S.No	Degree	Name of the Subject	Maximum Marks	Secured Percentage	Year of Study

**24. Details of B.Ed Degree (for M.Ed Admission only)**

S.No	Register Number	Pedagogy Subject	University	Year of Study	Theory Mark	Practical Mark	Total Percentage
					<b>Out of :</b>	<b>Out Of :</b>	



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### DECLARATION BY THE APPLICANT & PARENT

I Solemnly affirm that the information furnished in this application and the enclosures, are true, correct & complete to the best of my knowledge and belief. I assure to abide by the rules & regulations of Michael Job Memorial College of Education for Women, enforced from time to time. I further declare that if any information is found otherwise, I am liable to forfeit my seat and or be removed from the rolls of Michael Job Memorial College of Education for Women at any stage of the study.

Signature of the Parent/Guardian

Signature of the Student

Place :

Date :

### FEE PAYMENT DETAILS

**Account Name :** MICHAEL JOB MEMORIAL COLLEGE OF EDUCATION FOR WOMEN

**Bank Name & :** SOUTH INDIAN BANK LTD

**Address :** PALLAPALAYAM BRANCH, COIMBATORE

**Account Type :** SAVINGS **IFSC Code:** SIBL0000294

**Account No :** 0294053000023121

### FOR OFFICE USE ONLY

Day Scholar

Name of the student: \_\_\_\_\_

Hostelite

Enrollment No. : \_\_\_\_\_

Admitted on : \_\_\_\_\_

Fee collected vide receipt No. : \_\_\_\_\_ Date: \_\_\_\_\_ Rs.: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ Rs.: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ Rs.: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ Rs.: \_\_\_\_\_

### Admission Head

**Note:** Attested photocopies of the certificates (downloaded mark sheet if original mark sheet is not received) should be enclosed along with the application. However at the time of the admission, the original certificates should be submitted. Any change in information should be intimated to the authorities of Michael Job Memorial College of Education for Women through proper channel immediately.