

V.K. JAIN COLLEGE OF EDUCATION

SORON ROAD, KASGANJ

APPLICATION /REGISTRATION FORM

B.T.C. Session 20

Name of Candidate	
Name of Father/ Husband	
Name of Mother	
Date of Birth	
Category	
Address	
Mob. No.	

Plz Paste
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Qualification:-

Name of Examination Passed (from Secondary)	Year of Passing Examination	Board/ University Studies	Subjects	Marks Obtained	Percentage	Division
Secondary						
Sr. Secondary						
Graduation						
Post Graduation						
Other.....						

Date:

Signature of the Applicant