INNOVATIVE INSTITUTE OF EDU. & TECHNOLOGY

Plot No. 6, Knowledge Park-2, Greater Noida-201308
Tel.: 0120-6524033, 6524035, 9311637878

F.No.: _____

Affix Photo
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REGISTRATION FORM / ADMISSION FORM

For B.Ed.

Write in block letters. Do not write outside the block. Do not use the photocopy of the form. No column should be left blank.

Full Name of Candidate

Father's Name

Father's Occupation

Mother's Name

Mother's Occupation

Phone

Date of Birth (DD/MM/YYYY)

Nationality

Gender

M F

Aggregate Marks Obtained	X	XII	Graduation

	Post Graduation	Any Other	

Correspondence Address

Telephone no. with STD Code (Residence)

Mobile No.

E-mail

Enrollment No.

University Roll No.

Date

Candidate's Signature