

BOARD OF SCHOOL EDUCATION HARYANA, BHIWANI

MERCY CHANCE/RE-APPEAR ADMISSION FORM FOR D.EL.ED, EXAM

CODE NO. NAME OF INSTITUTION

ROLL NO	NAME/FATHER'S NAME/MOTHER'S NAME	SUBJECT/CODE	PHOTO	SIGNATURE OF CANDIDATE	REMARKS IF ANY
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CERTIFIED THAT THE ABOVE-MENTIONED ENTRIES HAVE BEEN CAREFULLY CHECKED BY ME PERSONALLY CANDIDATE IS ELIGIBLE TO APPEAR IN ABOVE SAID EXAMINATION

CANDIDATE'S PERSONAL MOBILE NUMBER E-MAIL ID.-.....

ELIGIBILITY OF THE ABOVE CANDIDATE HAS BEEN CHECKED
RECOMMENDATION

1. ELIGIBLE (ROLL No.)

2. NOT ELIGIBLE (ROLL No.)

REMARKS

SIGNATURE OF THE HEAD OF THE INSTITUTION WITH SEAL

TOTAL AMOUNT-

BOARD RECEIPT NO -

DATE-

SUPDT (SPL. EXAM.)

ASSTT. (SPL. EXAM.)

CLERK (SPL. EXAM.)