

# MASS TEACHER TRAINING INSTITUTE

APPROVED BY NCTE AND DTERT

CHENNAI SALAI, KALLAPULIYAR (P.O) KUMBAKONAM - 612 501.

APPLICATION FORM FOR ADMISSION

(To be filled in Block Letters)

Application No.

**YEAR 20 - 20**

**COURSE : DIPLOMA IN TEACHER TRAINING**

**Strictly for Office Use only**

Affix Latest,  
Passport Size  
Colour Photo

**Roll No.**

**Group :**

**NAME**

(As it appears in Certificate)

Date of Birth

Sex:

Age as on 31.07.20

Religion/Caste (Enclose attested copy)

SC / ST / BC / MBC / others :

**Father's Guardian's Name**

Relationship of Guardian (if any)

Occupation / Annual Income

STD. No. + Phone No.

Residence:

Office :

Mother's Name

Occupation / Annual Income (If any)

S.T.D. No. + Phone No.

Residence

Office:

**Address for Communication**

Pin :

**Permanenet Address**

**Local Contact Person (If any)**

Name

Phone

Pin :

**DETAILS OF ACADEMIC QUALIFICATIONS**

Marks in (The Qualifying Examination) +2 (senior / Higher Secondary school Examination) or Equivalent - Attested copy to be enclosed

Name & Address of the School


**MARKS OBTAINED IN +2 EXAMINATIONS :**

Sl. No.	Subjects	Month / Year of Passing	Marks		Mark Sheet Si.No.	Mark Sheet Reg.No.	No. of Attempts
			Secured	Max. Marks			
1.							
2.							
3.							
4.							
5.							
6.							
<b>Total</b>							

Sports / Games Proficiency (Attach Certificates)

Extra Curricular Activities (Attach Certificates)

**DECLARATION**

I.....Son / Daughter of.....  
do hereby declare that the above information are true as per original record available with me and I submit that I consent to any disciplinary action that the management of Mass Teacher Training Institute may take in the event that any information given above is found to be false or incorrect or if any relevant information is suppressed. In submitting this application for admission, I promise to adhere to all the rules and regulations of the Institute.

Place :

Date :

Signature of the Student

I, father / mother / guardian of Mr. / Miss. / Ms.....do hereby promise that I shall stand by the declaration by my Son / daughter / ward and that I, as a parent / guardian, shall ensure that my son / daughter / ward obeys all the rules and regulations of the College into which he / she has been admitted.

Place :

Date :

Signature of the Parent / Guardian

Certificates verified by	Fees payment Receipt No/Date	Admission Authorisation (Office Use Only)		
		<input type="checkbox"/> Admitted <input type="checkbox"/> On hold & to contact on..... <input type="checkbox"/> Not considered		
		Principal / Director/ Other Authority	Signature	Date
Remarks if any				