Failure Candidate of D.El.Ed Part-I, Batch 2017-19 Form
Exam, November -2019

1. DIET/Institute ____________________________
2. Examination Centre ____________________________
3. Previous Roll No. ____________________________
4. Registration No. ____________________________
5. Name of Candidate ____________________________
6. Father Name __________________ Mother Name __________________
7. District __________________
8. Subject(s) __________________
9. Contact No. __________________
10. Address & Pin Code __________________

11. Bank Name __________________ Draft. No. __________________
12. Fee Deposit Date __________________ Amount. __________________
13. Fee Amount Rs 900/- per Candidate

Candidate’s Signature __________________
DIET/INSTITUTE __________________

We hereby declare that all the data/information provided in this form has been verified, checked and found correct in every respect.

Attested By __________________
Principal
Name/Contact No./Sign. with Seal

Instructions:-

(1) Please attach Bank Draft along with this admission form.
(2) Candidate, Teacher & School/DIET/Institute Concerned are fully responsible for the information feded in the offline form.
(3) Last date of Offline form submission along with required fee amount is 10-10-2019 and Late Fee 15-10-2019. After that no form will be accepted in any case.
(4) Candidate must download his/her admit card from Board’s Website hpbose.org