ADMISSIONFORM:2025-27(B.Ed.)

BISHNUPURPUBLICINSTITUTEOFEDUCATION
Recognized by N.C.T.E. & Affiliated to WBUTTEPA Ramananda Nagar, P.O- Bishnupur, Dist- Bankura, Pin- 722122 (W.B.) Mobile: 6294761108, 9083265137, 6294768833
Email:bpie2015@gmail.com Website:www.bishnupurinstitute.org

University Name (Last Studied):.....Registration No with year……..

Name of the applicant:.....

Name of father of the applicant:.....

Name of mother of the applicant:.....

Name of the Guardian:.....Nationality:.....

Date of Birth(DD/MM/YY):.....Category:.....Sex:.....

PHOTO

Age as on 30-06-2025:.....Years……Months……Days Marital Status:-Married/Unmarried

Full permanent postal address of the applicant:

Vill:-.....P.O:-.....P.S:-.....

Dist:-.....PIN:-.....State:-……...

Contact Number:

Student Contact Number:-.....Guardian Contact Number:-.....

Email ID:-……..Aadhaar No:-.....

Educational Qualification:

Name of the Examination	Name of the Council/Board/University	Year of passing	Full Marks	Marks obtained	%of marks	Grade point
Madhyamik						
Higher Secondary						
B.A/B.Sc/B.Com/B.Tech/BCA/B.Mus/B.E						
M.A/M.Sc./M.Com./M.Tech/MCA/M.Mus/M.E						
M.Phil/Ph.DorBoth						
	Total Grade Point					

Medium of Writing of final examination(English/Bengali):-.....

Method Subject: 1st Method:-..... 2nd Method:-.....

List of documents enclosed:(Please tick✓)

Class 10th Standard:-a)Admit b) Mark Sheet Class 12th Standard:-a) Mark Sheet

Graduation Standard:-a) Registration Certificate b) Mark Sheet Master Standard:- a) Reg. & Mark Sheet

Other Documents:- a) Cast Certificate if applicable b) Aadhaar Card c) Passport Size Color Photograph

For Office Use(at the time of admission)

Total Course Fees:.....

Seat Booking Date:.....Seat Booking Amount Rs- 20000/----------Payment Mode.....

Admission Time Rs- 10000/-

October:2025 Rs- 10000/-

January:2026 Rs- 10000/-

April:2026 Rs-10000/-

July:2026 Rs-10000/-

October:2026 Rs- 10000/-

January:2027 Rs-10000/-

April:2027 –All Course Fees Clear

Remarks if any :.....

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..... **.....**

SignatureofCandidate **SignatureofOffice-In-Charge**

Date:.....

.....

SignatureofPrincipal/H.O.D.

CourseFeesCollectorName
