West Bengal Board of Primary Education

D.EL.ED. ADMISSION FORM, SESSION: 2025-2027

BISHNUPUR PUBLIC INSTITUTE OF EDUCATION

AB.Ed. & D.El.Ed. College

MANSADANGA, GOSSAINPUR, BISHNUPUR, BANKURA, 722122

Application ID..... No/Application

Name of the applicant.....

Father's name:.....

Mother's name:.....

Guardian's name (In the absence of parents):.....

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

Age as on-01.07.2025..... Year.....Month..... Days

Sex:.....Marital Status:-Married ☐ Unmarried ☐

Full permanent postal address of the applicant:-

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

P.S:-.....Dist:-.....PIN:-.....

Contact Number :-

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

Email ID: ..... Aadhaar No: .....

Educational Qualification:-

Name of the Examination	Name of the Council/Board	Name of the Institute	Year of passing	Marks obtained	% of the total mark obtained
H.S.					

Declaration

I do hereby declare that all the above statements are true to the best of my knowledge & belief. My candidature will liable to be cancelled if there is any false or incorrect information. I promise That I shall pay in full all the fees just after admission.

Date:-
Place:-

.....

Candidate's signature

Course Fees Collector Name

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Signature of Principal/H.O.D

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