D.T.Ed Examination

* Required fields

Application Form

Starts Fill the Form	**Institute Code :-**
Syllabus. :	○ 1993 ◉ 2004 ☐ Postal Course Addmition
Institute No. :	
Student's Full Name	
* Surname :	
* First Name :	
* Father's/Husband's Name :	
* Mother's Name :	
Student Personal Information	
* Gender :	◉ Male ○ Female
* Date Of Birth :	Date | Month | Year
*Caste	--Select--
*Handicapped	--Select--
*Admission Type	◉ Govt. Quota ○ Management Quota
*Admission Type Quota Sanctioned Date	Date | Month | Year
Student's Exam Details	
* Medium:	--Select--
* Exam Year Code:	○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6
Previous Year Exam Seat No./Year	[ ] --Select--

Practical Subject First Yearr

First Year Subject Names	
☐ Indian Society and Primary Education 81	☐ 81 ☐ 90
☐ Psychology of teaching and learning 82	☐ 82 ☐ 104
☐ Educational Evaluation 83	☐ 83 ☐ 105

☐ Educational Management 84	☐ 84 ☐ 106
☐ Mathematics 85	☐ 85
☐ Work Education(86)	☐ 86
☐ Physical Education(87)	☐ 87
☐ Lg1	☐ 88
☐ Lg2	☐ 89

Practical Subject Second Yearr

Second Year Subject Names		
	☐ Present Status of Pri.Edn.Difficulties and remedies(91)	☐ 91 ☐ 98
	☐ Information communication & Technology (92)	☐ 92 ☐ 99
	☐ Action Research & Project(93)	☐ 93 ☐ 107
	☐ Science & Technology(94)	☐ 94 ☐ 108
	☐ History,Civics & Administration(95-A)	☐ 95-A ☐ 109
	☐ Enviromental study & Geography(95-B)	☐ 95-B ☐ 110
	☐ Health Education(Individual & school)(96)	☐ 96
	☐ Lg3	☐ 97

*Challan Number [   ]

*Challan Date [Date | Month | Year]

*Challan Amount [   ]

*SBI Branch Code [   ]

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Submit
Previous Exam Seat No.(Latest)