

BOARD OF SCHOOL EDUCATION HARYANA, BHIWANI

MERCY CHANCE ADMISSION FORM FOR D.EL.ED, EXAM

CODE NO..... NAME OF INSTITUTION.....

Roll No	NAME/FATHER'S NAME/MOTHER'S NAME	SUBJECT/CODE	PHOTO	SIGNATURE OF CANDIDATE	REMARKS IF ANY
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CANDIDATE'S PERSONAL MOBILE NUMBER

E-MAIL ID.-

ELIGIBILITY OF THE ABOVE CANDIDATE HAS BEEN CHECKED
RECOMMENDATION

1. ELIGIBLE (ROLL No.)
 2. NOT ELIGIBLE (ROLL No.)
- REMARKS

SIGNATURE OF THE HEAD OF THE INSTITUTION WITH SEAL

TOTAL AMOUNT -

BOARD RECEIPT NO -

DATE-

SUPDT (SPL. EXAM.)

ASSTT. (SPL. EXAM.)

CLERK (SPL. EXAM.)