



COLLEGE OF EDUCATION

Farmagudi, Ponda - Goa



APPLICATION FOR ENROLMENT/ADMISSION TO F.Y. B. Ed. 2024

Instruction to candidate: Applicant must fill the form in his / her own handwriting

1. Roll No.: 21 PEO 83 P.R. No.: 201508509

Name (as per marksheet): SAWANT APURVA ARJUN

3. Name of the Father: ARJUN GOVIND SAWANT Name of the Mother: ANUJA ARJUN SAWANT

5. Name of the Guardian if applicable : _____

6. Address for Corresponding: H. NO 119, TEMWADA, SARVAN

BICHOLIM GOA, 403529

7. Date of Birth: 02-08-1997

8. Mobile No.: 9529431057

Land Line No.: 3552852264

Category: GENERAL

9. Nationality : ____INDIAN

Religion : HINDU

3. Email ID: Apurvasquant 688@gmail.comMarried/Unmarried

11. Aadhaar No.: 6933 55691300

12. Sex - Male / Female (Tick the appropriate option)

13. Method 1 SCIENCE CPHYSICS)

Method 2 Mat

14. Academic Performance:

Examination	Month & Year	Subject	University	Marks Obtained	Out of	%	Remarks
Graduation	APRIL 2018	PHYSICS	GOA UNIVERSIT	983	1300	75.62	DISTINCTION
Post-Graduation	O COTTO LOG	PHYSICS	GOA UNIVERSITY	867	1600	54.19	GRADE

DECLARATION BY THE APPLICANT:

I declare that the particulars furnished above are true, complete and correct to the best of my knowledge and belief. I am fully aware that in the events of any information being found false or incorrect or in eligible detected before or after the admission, an appropriate action as deemed fit by the competent authority can be taken against me.

I also undertake to abide by the rules and regulations of the college.

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Signature of the Applicant

APURVA A. SAWANT
Full Name in capital letters

Place: BICHOLIM

Date: 6 | 8 | 2 |

Final Remarks - Admitted / Not Admitted

06/08/2021

Signature of Admission - in - charge

Signature of the Principal