

SHAILABALA WOMEN'S AUTONOMOUS COLLEGE, CUTTACK APPLICATION FORM FOR ADMISSION INTO TWO YEARS B.ED COURSE

(SELF-FINANCING), FOR THE SESSION 2017-19

(FOR OFFICE USE ONLY)

Index	No]			Assessme	nt Score					
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5.	Name of Father:										
6.	Name of Mother:										
7.	Name of Natural										
	Guardian: (if parents not alive)	l									
8.	Marital Status]						
9.	Nativity: Odisl	ha/West Bengal	/Chhatishgarh	/Andhra Pr	radesh/ Ot	her states.					

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