Department of Education Himachal Pradesh University Summer hill Shimla-171005

Dated: 25-10-2018

1. COUNSELLING SCHEDULE FOR SELF-FINANCING COLLEGES OF EDUCATION FOR THE LEFT OUT SEATS.

Second round of Counselling for Left Out Seats in Arts/Commerce Streams for B.Ed. course for All Self-Financing Colleges of Education affiliated to H.P. University, Summer Hill, Shimla - 171005 for the Session 2018-20 will commence w.e.f. November 01, 2018. The counselling will start from 10 A.M. onwards on each day of the counselling schedule at **Guest House of Human Resource Development Centre (HRDC), Near H.P. University Library.** The candidates are required to reach the said venue along with duly filled application form to be downloaded from the University websites i.e. www.hpuniv.ac.in & www.hpuniv.ac.in & www.hpuniv.ac.in & www.hpuniv.ac.in & admissions.hpushimla.in. The Candidates are advised to bring their original documents i.e. all Academic certificates, Bonafide /Domicile certificate, Category certificates and Character certificate etc. along with photocopies.

The counselling dates are as below:

| Sr. No. | Date of Counselling | Category | Cut - off Score | |
|---------|----------------------------|--|-----------------|--|
| 1 | 01-11-2018 | SC All Categories, ST All | 45 to 79 | |
| | | Categories and Physically | | |
| | | Handicapped All Categories | | |
| 2 | 02-11-2018 | OBC All Categories | 45 to 79 | |
| | | C LIDDD C LE 524 50 | | |
| | | General IRDP, General Ex- 53 to 79 | | |
| | | Man/WES | | |
| 3 | 03-11-2018 | Only General Open Category | 53 to 79 | |
| 4 | 04-11-2018 | Medical and Non-Medical All Waiting Candidates | | |
| 5 | 05-11-2018 | Arts/Commerce All Waiting Candidates | | |

Note:

- 1. For eligibility criteria as mentioned in the Hand Book of Information 2018-20 especially the relevant portions of page numbers at 10, 11, 12, 16, 17, 23, 24, and 25 be strictly adhered.
- 2. Each candidate will have to deposit Rs. 200/ as counselling fee and Rs. 5040/- as levy charges at the time of counselling.

-sd/-(Prof. Nain Singh) Coordinator B.Ed. Admission

-sd/-Chairperson (Prof. Ranjna Bhan) Department of Education

-sd/-(Prof. Arvind Kalia) Chairman B. Ed. Admission Committee

2. COUNSELLING FORM

HIMACHAL PRADESH UNIVERSITY, GYAN PATH, SUMMER HILL, SHIMLA (H.P.)-171005

Admission Form for Admission to two years B.Ed. Course for the Session 2018-20 (To be submitted by the Candidate at the time of Counselling/Admission only) (For Office Use Only)

|] | . Eligible/Ineligible: Affix with Gum | | | | | |
|-----|--|--|--|--|--|--|
| IJ | . Category for which eligible: your recent | | | | | |
| III | photograph duly self- attested here | | | | | |
| IV | | | | | | |
| | a) | | | | | |
| | b) | | | | | |
| | | | | | | |
| Sig | natures of Counselling Committee Members | | | | | |
| 1 | 3 | | | | | |
| ••• | •• | | | | | |
| 4 | 66 | | | | | |
| ••• | ••••• | | | | | |
| 7 | 8 | | | | | |
| (T | be filled by Candidate himself/herself) | | | | | |
| 1. | 1. Course | | | | | |
| 2. | 2. Category/Sub Category Applied For | | | | | |
| 3. | 3. B.Ed Entrance Test Roll NoGeneral Combined Merit Rank | | | | | |
| 4. | 4. Name (as per Matric certificate) | | | | | |
| 5. | 5. Father's Name (as per Matric certificate) | | | | | |
| 6. | 6. Mother's Name (as per Matric certificate) | | | | | |
| 7. | Date of BirthGender | | | | | |
| 8. | 8. Marital Status (Married/Un-married) | | | | | |
| 9. | 9. State of Domicile/Bonafide (H.P./Other State) | | | | | |
| 10 | 10. Preference for Colleges of Education 1) | | | | | |

| | | 2). | • | ••••• | ••••• | • |
|--------------------------------------|----------------------|-------------|---|-------------------|---|---|
| | | 3). | ••••• | ••••• | ••••• | ••••• |
| 11. Are you Single Gir | Child (YES/ | NO) | ••••• | •••••• | ••••• | ••••• |
| 12. Tel. Numbers for C | Contact | ••••• | ••••• | Aadhar No | 0 | ••••• |
| 13. Email Address | ••••• | ••••• | ••••• | | ••••• | |
| 14. Correspondence Ac | ddress | ••••• | • | •••• | • | ••••• |
| 15. Permanent Home A | Addrass | | | | | |
| 13. 1 et manent Home F | | | | | | |
| 16. Academic Qualifica | | •••••• | | PIN CODI | C | ••••••• |
| Examination | Board/ University | Roll No. | Year | Marks Obtained | Maximum Marks | % age of Marks up to 02 decimals |
| Matriculation | | | | | | |
| 10+2 | | | | | | |
| B.A./B.Sc./B.Com. | | | | | | |
| M.A/M.Sc/M.Com. or its equivalent | | | | | | |

- 17. The relevant certificates/testimonials along with attested photocopies are to be Attached with the form at the time of admission/counselling and should consist of the following order:
- (i) H.P. Bonafide/Domicile certificate issued by the Competent Authority.
- (ii) Candidates belonging to other states are also required to submit the Bonafide/ Domicile certificate of their concerned state issued by the Competent Authority.
- (iii) Claim Consideration Certificate for admission under any of the Reserved Categories.

(The certificate should be the latest and signed by the competent authority as mentioned in the 'Instructions' Except SC/ST/Bonafide certificate).

- (iv) Matriculation Certificate or equivalent.
- (v) Plus 2 Certificate or equivalent.
- (vi) Graduation or its equivalent examination certificates along with degree in the concerned capacity.
- (vii) Character certificate from the institution last attended in case of candidates having no gap in their education. However the candidates who have gap(s) of one or more years in their education should bring latest character certificate from the Tehsildar/SDM of the Area Concerned.
- (viii) Certificate being Single Girl Child from the Tehsildar/SDM of the Area Concerned.
- (ix) Admit Card downloaded from the H.P. University website for B.Ed. Entrance Test-2018.
- (x) Counselling Fee 200/- (All Original Certificates)

DECLARATION BY THE APPLICANT

- I declare that the entries made by me in this application form are correct to the best of my knowledge and belief. I am conscious of the fact that if any of the entries found to be incorrect my admission is liable to be cancelled.
- 2. I solemnly affirm that I shall abide by the statutes governing the admission to B.Ed. course as well as rules and regulations of the University as amended and enforced from time to time and also of the student conduct and discipline rules prescribed by the University from time to time.
- 3. I am neither involved in any criminal case nor is any criminal case pending against me in any Court of Law.
- 4. I have not been debarred or rusticated by the institute last attended/presently attending.
- 5. If discovered even after confirmation of my provisional admission that I have made a false or incorrect statement or concealed any fact or used fraudulent means or such means have been used on my behalf for securing admission, I shall be liable to disciplinary action and cancellation of my admission.
- 6. I agree to follow the Admission Procedure and shall strictly abide by all the instructions of the University authorities in this regard.

- 7. I shall faithfully carry out the instructions issued by the Chairperson of the Department, Faculty members and other University Authorities from time to time.
- 8. I shall abide by the prescribed course of study and the mode of examinations, which may prevail from time to time, even though these may be at variance with those of the previous years.
- 9. I hold myself responsible for due and prompt payment of fees and all other dues.
- 10. I understand that I cannot concurrently be enrolled for more than one full-time course of studies.
- 11. I am fully aware that ragging is strictly prohibited or punishable under Law in the University. If I am found guilty of indulging in or abetting ragging, I shall be liable for punishment and expulsion from the Hostel/University

| Signature | J | Canadate | |
|---------------|---|----------|--|
| | | | |
| | | | |
| | | | |
| <i>Place:</i> | | | |

Signatures of Candidate

DECLARATION BY PARENT/GAURDIAN

I certify that my son/daughter/ward is submitting this application with my permission. I hold myself responsible for his/her good conduct and behaviour as a student of the University and for payment of all his/her fees and dues during his/her stay in the Department/College.

| (Signature of the Parent/Guardian) | | | |
|------------------------------------|--|--|--|
| Name: | | | |
| Address: | | | |
| | | | |
| Mob. No | | | |

3. AUHORIZATION CERTICIFICATE

Authorization Certificate

| Recent photograph of Authorized person attested by the Gazetted Officer (In case a candidate cannot attend counselling | Recent |
|--|-------------------|
| himself/herself) I hereby authorized Sh/Mrs/Ms | photograph of |
| S/O/W/O of Sh | Authorized person |
| to attend the counselling for B.Ed. Course to be held on | (self-attested) |
| on my behalf, whose photograph is affixed in | |
| the box and signature is attested below. | |

Signature of the Applicant

Signature of Authorized Person