

OXFORD COLLEGE OF EDUCATION

We Educate the true Educators...

(Affiliated to M.D.University, Rohtak and App. By NCTE Jaipur)

KHERA KHRUMPUR, FARRUKH NAGAR- 122506(GURUGRAM)

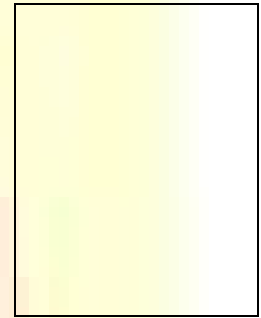
Ph. 8222001929

Website: - www.oxfordq.com

E-mail ID: - oxfordcollege3047@gmail.com

ADMISSION FORM Batch-2024-2026

1. Name of the Pupil Teacher.....
2. Father's Name.....
3. Husband's Name.....
4. Mother's Name.....
5. Date of Birth (In Words).....
..... (In Numbers)..... Martial Status.....
6. Mother Tongue..... Nationality..... Category (Gen/SC/ST/OBC).....
Religion..... Gender (M/F)..... Blood Group.....
7. Correspondence Address.....
..... Pin Code.....
8. Permanent Address.....
..... Pin Code.....
9. Phone No..... Mobile No.....
10. E-mail ID:-.....
11. Aadhar No.....
12. Guardian occupation..... Annual Income.....



13. Details regarding qualifying Examination:-

Class	Board/ University	Roll No.	Regd. No.	Main Subjects	Total (Marks/ CGPA) scale	Marks/CGPA Obtained	%age	Year
Matric								
10+2								
Graduation (B.A/B.Com/B.Sc.)								
PG (M.A./M.Com/M.Sc)								
Other								

14. Teaching Subjects which you want to adopt (1)..... (2).....

15. Medium you want to take

16. Do you need college Transport? Yes/No

17. I hereby certify that the information given by me is true .I understand that if any of this information is found to be incorrect then this application will be cancelled . I shall abide by the decision of the college management in all matters.

Signature

18. I.....accept that I will not create any type of indiscipline in the college and will not participate in any activity which will may cause for that defame of the college . I will regularly attend the classes (Theory & Practical) and in case of less attendance the penalty and decision of college management and university authority will be final. If I create any type of nuisance or indiscipline then my admission will be cancelled and I shall be responsible for it.

Signature of Parent's / Guardian

Date

Place.....

(Signature of the Pupil- Teacher)

Name.....

FOR OFFICE USE ONLY

Registration No.....Admission Course.....Admission No.....

Date.....Recommended / RejectedDate.....

Receipt No.....

Date.....

Office Assistant

Sign. Of Admission Incharge

Principal