

क्षेत्रीय शिक्षा संस्थान, अजमेर

राष्ट्रीय शैक्षिक अनुसंधान और प्रशिक्षण परिषद् कप्तान दुर्गा प्रसाद चौधरी मार्ग, पुष्कर मार्ग, अजमेर — 305004

क्रमांकः 9-बी-1/प्रवेश/2017-18/

दिनांक

- आपके आवेदन के आधार पर शैक्षिक सत्र 2017—18 के लिए इस संस्थान में चार वर्षीय बी.एससी.बी.एड. (भौतिक विज्ञान समूह) में प्रवेश हेतु आपका अस्थायी चयन किया गया है। प्रवेश के लिए सत्यापन हेतु संस्थान में मूल प्रमाण—पत्र/दस्तावेज प्रस्तुत करने होंगे।
- 2. आप दिनांक <u>01.08.2017</u> को प्रातः <u>10.00</u> बजे संस्थान के कमरा सं. <u>126</u> में उपस्थिति (रिपोर्ट) दर्ज करें और इस सूचना पत्र में क्रम संख्या 5 पर उल्लेखित दस्तावेजों/प्रमाण पत्रों की मूल प्रतियाँ (Original) सत्यापन के लिए साथ लायें। आपकी अनुपस्थिति में आपके प्रतिनिधि के उपस्थित होने पर आपके प्रवेश पर विचार नहीं किया जाएगा।
- 3. यदि आप संस्थान में निर्धारित तिथि को प्रातः 10.00 बजे रिपोर्ट नहीं करते हैं तो आपका चयन रदद माना जाएगा तथा आपकी सीट प्रतीक्षा सूची के अभ्यर्थी को वरीयता के आधार पर नियमानुसार दे दी जाएगी। रिपोर्ट करने की तारीख को किसी भी परिस्थित में नहीं बदला जाएगा।
- आपको अपेक्षित फीस निम्नानुसार प्रवेश पश्चात् तुरन्त जमा करवानी होगी।

General/OF	BC/ Students	SC/ST/PH Students			
Hostler	Non Hostler	<u> Hostler</u>	Non Hostler		
Rs.21,500/-	Rs.6,050/-	Rs.18,500/-	Rs.3,050/-		

5. आप नीचे दी गई सूची में उल्लेखित दस्तावेज साथ लेकर आएं अन्यथा आपके प्रवेश के संदर्भ में पर विचार नहीं किया जाएगा।

मूल दस्तावेजों के साथ स्वहस्ताक्षरित एक सेट दस्तावेजों की छाया प्रति का अवश्य लेकर आवें।

(i) CEE Score Card

(ii) सैकेण्डरी परीक्षा अंकतालिका / सैकेण्डरी परीक्षा प्रमाण पत्र (जन्म तिथि हेतु) ।

(iii) अर्हक / योग्यता परीक्षा (Qualifying Examination) की अंकतालिका व अन्य अंकतालिकाएँ यदि हैं।

(iv) जिस राज्य/संघ शासित क्षेत्र के Quota में प्रवेश चाहा गया है, उसमें आवेदक की पात्रता की वैद्यता की जांच हेतु आवश्यक दस्तावेज़ (क) पात्रता परीक्षा उत्तीर्ण करने का दस्तावेज़ यथा अंकतालिका/प्रमाण-पत्र या (ख) अधिवास (Domicile) प्रमाण-पत्र या (ग) नियोक्ता प्रमाण-पत्र प्रस्तुत करना होगा।

v) श्रेणी का प्रमाण पत्र (अनुसूचित जाति/अनुसूचित जन जाति/अन्य पिछडा वर्ग यदि आवश्यक हो), अन्य पिछडा वर्ग

प्रमाण पत्र में आवश्यक रूप से यह दर्शाया हुआ हो कि प्रार्थी Creamy layer से संबंधित नहीं है।

(vi) विकलांगता प्रमाण पत्र (यदि आवश्यक हो)।

(vii) अंतिम स्कूल कालेज का स्थानान्तरण प्रमाण-पत्र व चरित्र प्रमाण-पत्र (T.C. & C.C.)।

(viii) कुल परिवारिक आय का प्रमाण पत्र (वर्ष 2016-17)।

(ix) वेबसाइट पर उपलब्ध मुद्रित प्रपत्र में अधिकृत चिकित्सा अधिकारी द्वारा जारी किया गया प्रमाण-पत्र।

(x) वेबसाइट पर उपलब्ध मुद्रित प्रारूपानुसार Anti-ragging घोषणा हेतु स्वयं विद्यार्थी व अभिभावक का अलग अलग

शपथ पत्र हस्ताक्षर युक्त।

(xi) अभ्यार्थी को स्वयं व अभिभावक के हस्ताक्षर युक्त वचनबद्धता (Undertaking) प्रस्तुत करना होगा कि संस्थान में फेज़ वाइज़ निर्धारित उपस्थिति (Attendance) पूरी न होने पर अभ्यर्थी का छात्रावास या संस्थान या दोनों में प्रवेश निरस्त किया जा सकता है।

(xii) विद्यार्थी के तीन फोटो।

(xiii) संस्थान में छात्रावास सुविधा छात्रवृत्ति प्राप्त करने वाले विद्यार्थियों को प्राथमिकता/उपलब्धता के आधार पर ही उपलब्ध होगी।

टिप्पणी : कृपया ध्यान दें आपका अस्थायी प्रवेश रदद माना जाएगा यदि :

- (क) आपका कोई भी दस्तावेज जाली अथवा झूठा पाया गया।
- (ख) सत्र के दौरान किसी भी समय आपके आवेंदन-पत्र में कोई भ्रामक कथन पाया गया अथवा तथ्यों को छिपाया गया।
- (ग) यदि आवेदक द्वारा CEE आवेदन फार्म में ऑनलाईन भरे हुए अंक अर्हक / योग्यता परीक्षा (Qualifying Examination) में प्राप्त अंकों से अधिक होने पर।

(घ) अपेक्षित फीस प्रवेश पश्चात् तुरन्त जमा नहीं कराने पर।

(इं) सत्र के दौरान संस्थान में और बाहर आपका आचरण संतोषजनक नहीं पाये जाने पर।

सत्र 2017—18

वचन (Undertaking)

	में							(विद्यार्थी	का	नाम)	एवं
									(अ	भिभवक	का	नाम)
वचन	देते	ਲੂੰ	कि	संस्थान	में	फेज़	वाइज	निर्धारित	उपस्थिति	ो पूरी	न हो	ने पर
							(विद	प्रार्थी का	नाम) का	छात्रावा	स या	संस्थान
या दो	या दोनों में प्रवेश निरस्त किया जा सकेगा।											
वेद्यार्थ	र्गी के	हस्त	ाक्षर_			_ अ	भिभावक	के हस्ताक्ष	ार			_
वेद्यार्थ	र्भी का	नाम	-			अ	भिभावक	का नाम				

REGIONAL INSTITUTE OF EDUCATION

National Counsil Of Educational Research and Training

AJMER



MEDICAL CERTIFICATE

Name:		
Age:	Sex:	•••••
Father's N	lame:	•••••
Height :	Weight :	•••••
Chest Me	asurement:	•••••
	Lungs:	•
Vision:	Distance:	••••••
	Near:	•••••
	Remark (If any)	
	Colour vision:	
	(Inability to distinguish between princip	al colours)
	Congenital or other diseases :	
Hearing :		
	(Whether defective, must be corrected)	
Pregnand	y (Female candidate)	Yes/No
*I he	reby certify that I have examined Shri/Smt./Miss	
Guidance not discov	d/Two Year B.Ed. (Secondary) /M.Ed. (Elementary)/Post and Counselling Course in the Regional Institute of Eduer that he/she has any disease except	st Graduate Diploma in scation, Ajmer and could
Date :		
Place:		MEDICAL OFFICER . SEAL

^{*}This certificate is to be given by a Medical Officer of a District Govt. Hospital or Superintendent of Medical College/Hospital in the State.

ANNEXURE I AFFIDAVIT BY THE STUDENT

Ι,	(full name of student with Institute Roll Number)
s/o d/o Mr./Mrs./Ms.	
been admitted to	(name of the institution) have
received or downloaded a copy	of the UGC Regulations on Curbing the Menace of Ragging in Higher
Educational Institutions, 2009,	(hereinafter called the "Regulations") carefully read and filly understood the
provisions contained in the said	Regulations.
1) I have, in particular, pe	rused clause 3 of the Regulations and am aware as to what constitutes ragging.
2) I have also, in particular	ar, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the
ragging actively or paggingly of	that is liable to be taken against me in case I am found guilty of or abetting
3) I hereby solemnly aver a	being part of a conspiracy to promote ragging.
a) I will not indulge in a	ny hebayiant at act that may be south to be a set to b
Regulations.	ny behaviour or act that may be constituted as ragging under clause 3 of the
	n or abet or propagate through any act of commission or omission that may be
constituted as ragging under clau	ise 3 of the Regulations
4) I hereby affirm that, if	found guilty of ragging, I am liable for punishment according to clause 9.1 of the
Regulations, without prejudice t	o any other criminal action that may be taken against me under any penal law or
any law for the time being in for	ce.
5) I hereby declare that I ha	we not been expelled or debarred from admission in any institution in the country
on account of being found guilty	of, abetting or being part of a conspiracy to promote ragging and further affirm
that, in case the declaration is for	and to be untrue, I am aware that my admission is liable to be cancelled
6) Along with the above m	entioned points I do hereby declare that
a) I will obey the code of	f conduct of the institute and do not indulge in any kind of in-disciplined activity
while in and off the institution ca	
clause (6.a).	asible for any kind of accident/mishap caused on account of the above mentioned
ciause (o.a).	
Declared thisday of	month of year
	Signature of deponent
	Name:
	VERIFICATION
Verified that the contents of this	affidavit are true to the best of my knowledge and no part of the affidavit is false
and nothing has been concealed of	or misstated therein.
37 'W 1	
verified at(p	place) on this the(day) of(month),(year)
• •	
Solemnly affirmed and signed in	Signature of deponent
(vear) after reading t	my presence on this the(day) of(month), he contents of this affidavit.
(year) after reading t	ic contents of this affigavit.

OATH COMMISSIONER

Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.

ANNEXURE II AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms.	,	(full
name of parent/guardian) father/mother/guardian of, (full name	ne of student with Univer	rsity Roll Number) having
been admitted to (name	of the institution) have	received or downloaded a
copy of the UGC Regulations on Curbing the Menace of	Ragging in Higher Edu	cational Institutions 2000
(hereinafter called the "Regulations"), carefully read and full	lly understood the provi-	sions contained in the said
Regulations.	ny anderstood the provis	sions contained in the said
1) I have, in particular, perused clause 3 of the Regulatio	ins and am aware as to wi	ant constitutes as a second
2) I have also, in particular, perused clause 7 and claus	e 0.1 of the Doculations	nat constitutes ragging.
penal and administrative action that is liable to be taken against additional administrative actions that is liable to be taken against additional administrative actions that is liable to be taken against additional administrative actions that is liable to be taken against a section of the	ainst my word in case b	and am fully aware of the
abetting ragging, actively or passively, or being part of a consp	piracy to promote receive	ersile is found guilty of or
3) I hereby solemnly aver and undertake that	on acy to promote ragging	3.
a) My ward will not indulge in any behaviour or act that m	ore ha constituted as a	
Regulations.	ay be constituted as rag	ging under clause 3 of the
	sh and after	
b) My ward will not participate in or abet or propagate throu constituted as ragging under clause 3 of the Regulations.	gn any act of commission	on or omission that may be
4) I hereby affirm that, if found guilty of ragging my w		
y	ard is liable for punishm	ent according to clause 9.1
of the Regulations, without prejudice to any other criminal ac penal law or any law for the time being in force.	tion that may be taken a	against my ward under any
5) I hereby declare that my ward has not been expelled	d-1 1 C	
	or departed from admissi	on in any institution in the
country on account of being found guilty of, abetting or be	ing part of a conspiracy	to promote, ragging, and
further affirm that, in case the declaration is found to be a cancelled.	antrue, the admission of	my ward is liable to be
•	1 4 4	
b and a second points and noticely de	clare that	
a) My ward will obey the code of conduct of the instit activity while in and off the institution campus.	ute and do not indulge in	any kind of in-disciplined
b) My word will be colors removed to the		
b) My ward will be solely responsible for any kind of	of accident/mishap cause	d on account of the above
mentioned clause (6.a).	0	
Declared this day of month	ofyear.	•
	27	Signature of deponent
	Name:	
	Address:	
VIDDAM CA CO	Telephone/ Mobile No	0.:
Verified that the contents of this off I	ON	
Verified that the contents of this affidavit are true to the best of	f my knowledge and no p	part of the affidavit is false
and nothing has been concealed or misstated therein.		
V-:C-1-(1-) did (1-) a		
Verified at (place) on this the (day) of (month), (year).		
		<u> </u>
		Signature of deponent
Solemnly affirmed and signed in my presence on this the	(day) of	(month) ,
(year) after reading the contents of this affidavit.		
•		
N T.		OATH COMMISSIONER
Note: It is mandatory to submit this affidavit in the above forma	ıt, if you desire to registe	r for the
forthcoming academic session.	-	•