



भारतीय शिक्षा परिषद्, उत्तर प्रदेश

EDUCATION COUNCIL OF INDIA, U.P.

(Department of Distance Education)

"Bharat Bhawan", Matiyari, Chinhath, Faizabad Road, Lucknow - 227105

Registration Form

MASTER OF EDUCATION/BUSINESS ADMINISTRATION PROGRAMME (Eq. to M.Ed./M.B.A.)

(To be filled in candidate's own handwriting)

Affix the
Passport Size
Photo and
Send One Photo
for I-Card

Enrollment No.
(to be filled by office)

1. Name and Permanent Address of the Applicant
(in capital letters)

2. Correspondence Address

3. Phone/Cell No./E-mail Address

4. Father's Name

5. Husband's Name (In case of female candidate)

6. Date of Birth

7. Nationality

8. Applicant's category (Put the Tickmark at your category)

A. General () B. Scheduled Caste ()
C. Scheduled Tribe () D. Backward ()

9. Subject of the Research

10. Medium offered for writing Thesis

11. Name of three topics Proposed for Disertation/ Project

(Enclosed two copies of brief synopsis of these topics)

1.
2.
3.

12. Nature of thesis

1. Theoretical 2. Experimental 3.

13. Name, Designation and address with Phone No. of the
guide/supervisor of thesis

.....
.....

14. Consent of guide/supervisor

I hereby approve the topics chooses by Mr./Mrs./Miss.....and give
my consent for guiding him/her in his/her research work.

Date :

Signature of the Guide/Supervisor
With seal

15. Details of Educational Qualification

Give details from High School to Post Graduation/Professional and enclose Photocopies of testimonials.

Sl.No.	Exam Passed	Board/University	Year	Roll No.	Subjects	Division
1.	Professional or Other					
2.	M.A./M.Com./M.Sc. (eq.)					
3.	B.A./B.Com./B.Sc. (eq.)					
4.	Intermediate					
5.	High School					

16. Details of Identity and Address Proof (enclose the zerox).....

17. Details of fee

M.O./Cheque/Bank Draft No.Date.....Rs.....
.....Name of Bank.....Place.....

Date :

Signature of the Applicant

Declaration by the Applicant

I hereby declare that I have read and considered the conditions of eligibility for the above course for which I seek admission in "Bhartiya Shiksha Parishad, Uttar Pradesh", Lucknow. I fulfil the minimum eligibility conditions and I have furnished above the necessary information in this regard. In the event of any information being found incorrect or misleading my candidature shall be liable to be cancelled at any time and I shall not be entitled to get refund of any Fee Paid by me to the Institute/Council. In the event of any dispute it shall be resolved through the mediation of the council's Chairman or a Committee of Governing Body constituted by it and its decision shall be binding on all concerned.

Date :

Signature of the Applicant