| अमृतं                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | तु विद्या                                                               |                                                                   |                                                           |                                                 |                                               |                                                               |                                |                                                                 |                                                                   |                                                 |                                                  | on                                                   |                                                     |                                                     |                                                  |                                                   |                                                                 |                                            |                                                      |    |       |         |       | Anı          | <u>ıex</u> | ure    | <u>- A</u> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------|------------------------------------------------------|----|-------|---------|-------|--------------|------------|--------|------------|
| and the second se |                                                                         |                                                                   | IR                                                        | RE(                                             | <b>)T</b> (                                   | DR                                                            | AT                             | C                                                               | OF                                                                | D                                               | S                                                | <b>PA</b>                                            | NC                                                  | 0]                                                  | ED                                               | UC                                                | AT                                                              | <b>'IO</b>                                 | N                                                    |    | П     | -       |       | lo. C<br>ded |            |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                   | · ·                                                       | adh                                             |                                               |                                                               |                                |                                                                 |                                                                   | •••                                             |                                                  |                                                      |                                                     | ``                                                  | BIH                                              | AR)                                               |                                                                 |                                            |                                                      |    |       |         |       |              |            |        | $\square$  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | वविद्यालय                                                               |                                                                   |                                                           | 631                                             |                                               |                                                               |                                |                                                                 |                                                                   |                                                 |                                                  |                                                      |                                                     |                                                     |                                                  |                                                   |                                                                 |                                            | 1                                                    |    |       |         |       |              |            |        |            |
| L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | te:1                                                                    |                                                                   |                                                           |                                                 | -                                             |                                                               |                                |                                                                 | and                                                               | senc                                            |                                                  | Reg                                                  | Iste                                                | red/                                                |                                                  |                                                   | ost                                                             | only                                       | 1                                                    |    |       |         |       |              |            |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | rolm                                                                    |                                                                   |                                                           |                                                 |                                               |                                                               |                                |                                                                 |                                                                   |                                                 |                                                  |                                                      |                                                     |                                                     |                                                  |                                                   | م ما ا                                                          |                                            | ]<br>:                                               | 7  |       |         |       | f Atte       |            |        |            |
| doo<br>Bo<br>Re<br>ent<br>tho<br>PH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | the Ap<br>cumer<br>dhGa<br>gister<br>ertaine<br>usanc<br>Cate<br>m with | nts sh<br><b>ya -</b><br>ed/Sp<br>ed. Do<br><b>I only</b><br>gory | iould<br>824<br>beed<br>bwnlo<br>bwnlo<br>in far<br>in fa | be se<br>234,<br>post<br>baded<br>Gen.<br>avour | ent to<br>(Bih<br>: App<br>App<br>& C<br>of D | o Dire<br>ar) o<br>olicat<br>licatio<br>other<br><b>irect</b> | n or<br>ion F<br>n For<br>Cate | , <b>Dire</b><br>befor<br>orms<br>rm m<br>g. an<br><b>)DE</b> , | ector<br>re the<br>s sen<br>ust be<br>id <b>Rs</b><br><b>M.U.</b> | ate o<br>e due<br>t to a<br>e acc<br>500<br>Bod | f Dis<br>date<br>any c<br>ompa<br>)/- (F<br>IhGa | tance<br>e noti<br>other<br>anied<br>lupee<br>iya pa | e Edu<br>fied i<br>office<br>by D<br>es fiv<br>ayab | n the<br>of t<br>of t<br>of<br><b>e ht</b><br>le at | ion, N<br>e adv<br>he U<br>Rs. 1<br>undre<br>Bod | laga<br>ertise<br>niver<br>000/-<br>ed on<br>hGay | dh U<br>emer<br>sity v<br>(Ru<br>( <b>Ru</b><br>( <b>Iy</b> ) f | nive<br>nt, on<br>will n<br>upees<br>or SC | rsity,<br>Ily by<br>ot be<br>s one<br>C/ST/<br>ation |    |       | Col     | oure  | d Ph         | otog       | raph   |            |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Nan                                                                     | ne of                                                             | the                                                       | Pro                                             | grar                                          | nme                                                           | app                            | lied                                                            | for :                                                             | Bad                                             | che                                              | lor o                                                | of Ec                                               | luca                                                | atior                                            | ו (O                                              | DL)                                                             | - 20                                       | 17-1                                                 | 9  |       | Signa   | ature | of th        | e App      | olicar | nt         |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                                                   |                                                           | oplica                                          | •                                             |                                                               | • •                            |                                                                 |                                                                   |                                                 |                                                  |                                                      |                                                     |                                                     |                                                  | •                                                 |                                                                 |                                            |                                                      |    | nan S | Script: |       |              |            |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                   |                                                           |                                                 |                                               |                                                               |                                |                                                                 |                                                                   |                                                 |                                                  |                                                      | .,                                                  |                                                     |                                                  |                                                   |                                                                 |                                            |                                                      |    |       |         |       |              |            |        | $\square$  |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Nan                                                                     | ne in                                                             | De                                                        | vnag                                            | ari S                                         | Scrip                                                         | ot :                           |                                                                 |                                                                   |                                                 |                                                  |                                                      |                                                     |                                                     |                                                  |                                                   |                                                                 |                                            |                                                      |    |       |         |       |              |            |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                   |                                                           |                                                 |                                               |                                                               |                                |                                                                 |                                                                   |                                                 |                                                  |                                                      |                                                     |                                                     |                                                  |                                                   |                                                                 |                                            |                                                      |    |       |         |       |              |            |        |            |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Fath                                                                    | er's                                                              | Nai                                                       | me:                                             |                                               |                                                               |                                |                                                                 |                                                                   |                                                 |                                                  | 1                                                    |                                                     |                                                     |                                                  |                                                   |                                                                 |                                            |                                                      |    |       |         |       |              |            |        | <u> </u>   |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |                                                                   | Nia                                                       |                                                 |                                               |                                                               |                                |                                                                 |                                                                   |                                                 |                                                  |                                                      |                                                     |                                                     |                                                  |                                                   |                                                                 |                                            |                                                      |    |       |         |       |              |            |        |            |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IVIOL                                                                   | hers                                                              | ina                                                       | me :                                            |                                               |                                                               |                                |                                                                 |                                                                   |                                                 |                                                  |                                                      |                                                     |                                                     |                                                  |                                                   |                                                                 |                                            |                                                      |    |       |         |       |              |            |        | $\square$  |
| 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Perr                                                                    | nane                                                              | ent /                                                     | Addro                                           | ess                                           | :.                                                            | <u> </u>                       | <u> </u>                                                        | <u> </u>                                                          |                                                 |                                                  |                                                      |                                                     |                                                     | <u> </u>                                         |                                                   |                                                                 | <u> </u>                                   |                                                      |    | 1     |         |       | <u> </u>     |            |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                   |                                                           |                                                 |                                               |                                                               |                                |                                                                 |                                                                   |                                                 |                                                  |                                                      |                                                     |                                                     |                                                  |                                                   |                                                                 |                                            |                                                      |    |       |         |       |              |            |        | $\square$  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                   |                                                           |                                                 |                                               |                                                               |                                |                                                                 |                                                                   |                                                 |                                                  |                                                      |                                                     |                                                     |                                                  |                                                   |                                                                 |                                            |                                                      |    | PIN   |         |       |              |            |        | $\square$  |
| 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Add                                                                     | ress                                                              | for                                                       | Corr                                            | esp                                           | onde                                                          | ence                           | :                                                               |                                                                   |                                                 |                                                  |                                                      |                                                     |                                                     |                                                  |                                                   |                                                                 |                                            |                                                      | 1  |       |         |       |              |            |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                   |                                                           |                                                 |                                               |                                                               |                                |                                                                 |                                                                   |                                                 |                                                  |                                                      |                                                     |                                                     |                                                  |                                                   |                                                                 |                                            |                                                      |    |       |         |       |              |            |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                   |                                                           |                                                 |                                               |                                                               |                                |                                                                 |                                                                   |                                                 |                                                  |                                                      |                                                     |                                                     |                                                  |                                                   |                                                                 |                                            |                                                      |    | PIN   |         |       |              |            |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                   |                                                           | City                                            |                                               |                                                               |                                | 1                                                               |                                                                   |                                                 |                                                  | _                                                    | Dist                                                | trict                                               |                                                  |                                                   |                                                                 |                                            |                                                      |    |       |         | S     | tate         |            |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                   |                                                           |                                                 |                                               |                                                               |                                |                                                                 |                                                                   |                                                 |                                                  |                                                      |                                                     | <u> </u>                                            |                                                  |                                                   |                                                                 |                                            |                                                      |    |       |         |       |              |            |        |            |
| 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Mob                                                                     | ile N                                                             | lo. :                                                     |                                                 |                                               |                                                               |                                |                                                                 |                                                                   |                                                 |                                                  |                                                      |                                                     |                                                     |                                                  |                                                   |                                                                 |                                            |                                                      |    |       |         |       |              |            |        |            |
| 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | E-m                                                                     | ail a                                                             | ddre                                                      | ess (i                                          | if an                                         | y):                                                           |                                |                                                                 |                                                                   |                                                 |                                                  |                                                      |                                                     |                                                     |                                                  |                                                   |                                                                 |                                            |                                                      |    |       |         |       |              |            |        |            |
| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date                                                                    | e of I                                                            | Birth                                                     | 1:                                              |                                               |                                                               |                                | Date                                                            |                                                                   |                                                 | Mon                                              | th                                                   |                                                     |                                                     |                                                  | /ear                                              |                                                                 |                                            |                                                      |    |       |         |       |              |            |        |            |
| Tick                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (✔)                                                                     | the a                                                             | appi                                                      | ropria                                          | ate k                                         | оох (                                                         | only                           |                                                                 |                                                                   |                                                 |                                                  |                                                      |                                                     |                                                     |                                                  |                                                   |                                                                 |                                            |                                                      |    |       |         |       |              |            |        |            |
| 11.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Gen                                                                     | der                                                               | :                                                         | Ma                                              | ale                                           |                                                               |                                | F                                                               | ema                                                               | ale                                             |                                                  |                                                      | Т                                                   | ran                                                 | sger                                             | Ider                                              |                                                                 |                                            |                                                      |    |       |         |       |              |            |        |            |
| 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Cas                                                                     | te :                                                              |                                                           |                                                 |                                               |                                                               |                                |                                                                 |                                                                   |                                                 |                                                  |                                                      |                                                     |                                                     |                                                  |                                                   |                                                                 |                                            |                                                      |    |       |         |       |              |            |        |            |
| 13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         | (✓)                                                               | in ap                                                     | opropr<br>t docu                                |                                               | oox)                                                          | Gene                           | eral                                                            | sc                                                                |                                                 | S                                                | r<br>                                                | E                                                   | зс (I                                               | BC-I)                                            | В                                                 | С (В                                                            | C-II)                                      | F                                                    | PH | I     | Perce   | enta  | ge of        | PH         |        |            |
| 14.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Cate                                                                    | egor                                                              | y o                                                       | f PH                                            | ł                                             |                                                               | Oł                             | 1                                                               |                                                                   |                                                 | ١                                                | ∕isu                                                 | al In                                               | npa                                                 | ired                                             |                                                   |                                                                 |                                            |                                                      | I  | Hea   | ring    | Imp   | baire        | ed [       |        |            |
| 15.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Nati                                                                    | onal                                                              | ity :                                                     | Inc                                             | dian                                          |                                                               |                                | (                                                               | Othe                                                              | r                                               |                                                  |                                                      | if                                                  | f oth                                               | er pl                                            | ease                                              | e sp                                                            | ecify                                      | 1:                                                   |    |       |         |       |              |            |        |            |

uks/%vH;FkhZvkosnu QkeZ, oa câd Mkt¶V dh Nk; ki fr vo'; j[k ysA

| 16. | Region Ru        | ural          | Urban  |           |            |
|-----|------------------|---------------|--------|-----------|------------|
| 17. | Marital Status : | : (🗸) Mar     | ried   | Unmarried |            |
| 18. | Details of Appli | ication fee : |        |           |            |
|     | (i) DD No        | Date          | Amount | Bank      | Payable at |

### 19. Educational Qualification (Matriculation onwards)

| Name of the<br>Exam Passed | Name of the<br>College/School | Board / University | Year of<br>Passing | Full<br>Marks | Marks<br>Obtained | % of<br>Marks | Division/<br>Class |
|----------------------------|-------------------------------|--------------------|--------------------|---------------|-------------------|---------------|--------------------|
|                            |                               |                    |                    |               |                   |               |                    |
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|                            |                               |                    |                    |               |                   |               |                    |

## TO BE FILLED BY TRAINED IN-SERVICE TEACHERS ONLY

| 20. | Please Specify : (i) Name of the School |
|-----|-----------------------------------------|
|     |                                         |

(ii) Headmaster's/Principal's Name .....(PM)

# **DECLARATION BY THE APPLICANT**

| Date :       |                                    |                                         |
|--------------|------------------------------------|-----------------------------------------|
|              | अभ्यर्थी का हस्ताक्षर (हिन्दी में) | Signature of the Applicant (In English) |
| Enclosures : |                                    |                                         |
| 1            |                                    |                                         |
|              |                                    |                                         |
| 3            | 4                                  |                                         |
| 5            | 6                                  |                                         |
| 7            |                                    |                                         |

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# TO BE FILLED BY TRAINED IN-SERVICE TEACHER ONLY

| (A) Declaration by the Applicant                    |                               |                 |                        |
|-----------------------------------------------------|-------------------------------|-----------------|------------------------|
| I,                                                  |                               |                 | Coloured<br>Photograph |
| son/daughter of                                     |                               |                 |                        |
| of Vill/town                                        | , P.S                         | Dist.           |                        |
| hereby declare that after proper appointment I have | e served as a trained teache  | r (in name & ac | Idress of the school)  |
|                                                     |                               | from .          |                        |
| towhich is a recognized scho                        | ool/institution of the Centra | l/State Govern  | ment/Public Sector     |
| undertaking vide letter No                          | Date                          |                 | with scale of pay      |
| Rs per month.                                       |                               |                 |                        |

#### Name & Signature of the Applicant

| (B)    | Authentication of Applicant by the Head of the Institution where the applicant is serving as trained teacher |                        |
|--------|--------------------------------------------------------------------------------------------------------------|------------------------|
| This   | s to certify that the statement made by                                                                      | Coloured<br>Photograph |
| Sri/M  | iss./Mrs                                                                                                     |                        |
| S/o, I | D/ois true to the best of my kn                                                                              | owledge and belief.    |
| He/S   | he is working as Trained teacher                                                                             | in the pay scale       |
| of Rs  | per month. The school is recognized by the Central Government                                                | State Government/      |
| Publi  | c Sector undertaking vide letter No Date                                                                     |                        |

| Place | ; |  |
|-------|---|--|
| Date  | : |  |

Full Name & Signature of the Head or Headmaster/Principal of the School with date and seal.

| Form No. ODL : downloaded version       To be filled by the candidate only.         (Fill the Admit Card carefully)       Image: Cardinate only.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Annexure - C                                                                                                                                                                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                |
| Magadh University, Bodh-Gaya-824234 (BIHAR)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                |
| B.Ed. (Open and Distance Learning)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                |
| Entrance Test Examination (Session 2017-19)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Paste your Passport                                                                                                                                                            |
| ADMIT CARD ( <i>Office Copy</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | size recent Self attested                                                                                                                                                      |
| 1. Name of the Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | coloured<br>photograph                                                                                                                                                         |
| (in BLOCK LETTERS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                |
| 2. Father's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                |
| 4. Gender : Male Female Transgender                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                |
| 5. Category :( 🗸 ) General SC ST EBC (BC-I) BC (BC-II) PH Percentage of PH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                |
| 6. Caste Category of PH : OH VI HI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Signature of Applicant                                                                                                                                                         |
| 7. Address for Correspondence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                |
| FOR OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | अभ्यर्थी का हस्ताक्षर                                                                                                                                                          |
| Examination Centre :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                |
| Date of Examination :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                |
| Time of Examination :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | antrollar of Eveningtions                                                                                                                                                      |
| Applicant has to sign in the Examination Hall in presece of Invigilator.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | M.U., BodhGaya                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                |
| Form No. ODL : downloaded version       To be filled by the candidate only.<br>(Fill the Admit Card carefully)         अन्नूनं तु विदा<br>Magadh University, Bodh-Gaya-824234 (BIHAR)       Roll N<br>(For office Use)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Annexure - C<br>No.<br>e only)                                                                                                                                                 |
| (Fill the Admit Card carefully)<br><b>DIRECTORATE OF DISTANCE EDUCATION</b><br>Magadh University, Bodh-Gaya-824234 (BIHAR)<br><u>B.Ed. (Open and Distance Learning)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                |
| (Fill the Admit Card carefully)<br><b>DIRECTORATE OF DISTANCE EDUCATION</b> (For office Us)<br>Magadh University, Bodh-Gaya-824234 (BIHAR)<br><u>B.Ed. (Open and Distance Learning)</u><br>Entrance Test Examination (Session 2017-19)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Paste your Passport                                                                                                                                                            |
| (Fill the Admit Card carefully)<br><b>DIRECTORATE OF DISTANCE EDUCATION</b><br>Magadh University, Bodh-Gaya-824234 (BIHAR)<br><u>B.Ed. (Open and Distance Learning)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Paste your Passport<br>size recent Self attested<br>coloured                                                                                                                   |
| (Fill the Admit Card carefully)<br><b>DIRECTORATE OF DISTANCE EDUCATION</b><br>Magadh University, Bodh-Gaya-824234 (BIHAR)<br><u>B.Ed. (Open and Distance Learning)</u><br>Entrance Test Examination (Session 2017-19)<br><b>ADMIT CARD (Candidate's Copy)</b><br>1. Name of the Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Paste your Passport<br>size recent Self attested                                                                                                                               |
| (Fill the Admit Card carefully)<br><b>DIRECTORATE OF DISTANCE EDUCATION</b><br>Magadh University, Bodh-Gaya-824234 (BIHAR)<br><u>B.Ed. (Open and Distance Learning)</u><br>Entrance Test Examination (Session 2017-19)<br><b>ADMIT CARD (Candidate's Copy)</b><br>1. Name of the Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Paste your Passport<br>size recent Self attested<br>coloured                                                                                                                   |
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| (Fill the Admit Card carefully)         INRECTORATE OF DISTANCE EDUCATION         Magadh University, Bodh-Gaya-824234 (BIHAR)         Magadh University, Bodh-Gaya-824234 (BIHAR)         B.Ed. (Open and Distance Learning)         Entrance Test Examination (Session 2017-19)         ADMIT CARD (Candidate's Copy)         1.       Name of the Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Paste your Passport<br>size recent Self attested<br>coloured<br>photograph                                                                                                     |
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## Instructions For Candidates

- 1. OMR Answer Sheet contains one **Carbonless copy.** Candidate is required to submit the original copy at the Examination centre and keep the carbonless copy (2nd copy) with himself/herself for future reference.
- 2. Candidates must present the Admit Card at the Entrance gate and in the Examination Hall when demanded.
- 3. Candidates are advised to arrive at the place of Examination at least half an hour before the commencement of the Examination.
- 4. Candidates must abide by the instructions given by the Centre Superintendent and the Invigilators during the Examination. Use **Black Ballpen** for marking your answer in proper column. Fill all the columns of OMR sheet otherwise computer may reject your OMR Sheet. Consequently Zero marks will be awarded.
- 5. Any candidate found attempting unfair means and/or impersonating shall be expelled from the Examination Hall and his candidature will be rejected. Legal action will also be taken against him.
- 6. Candidates must not leave any mark of identification anywhere as this will result in disqualification.
- 7. This admit card should be preserved to be produced at the time of Interview/Counselling.
- 8. No candidate is allowed to carry Calculator / Slide Rule / Log Table / Graph Paper / Charts or any electronic gadget eg. Mobile Phone etc. inside the Examination Hall.
- 8. Each Candidate must sign below in English and Hindi on the specified spaces in the Examination Hall in the presence of Invigilator.
- Each candidate must check all the information and entries in his Admit Card as soon as he receives it. If he finds any error therein, he must personally contact the Office of the **Directorate of Distance Education**, **M.U**, **Bodh-Gaya** on any working day and get the same corrected otherwise no correction in the Admit Card will be made later on.
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