

SCHEDULE FOR B.Ed 2013 COUNSELLING

Reporting time: 9:00 Am at Regional Centre, Karnal

DATE AND DAY	TIME	MARKS		MARKS	NO.OF STUDENT PER DAY	CATEGORY WISE NO OF STUDENTS Rank is given within Bracket
03/01/2013 THURSDAY	9:30 AM	74--61	50	58 and Above(74)	107	GEN-70 (74-58) OBC(CREAMY LAYER)-04(66-58) OBC (NON -CREAMY)-04 (64-58) SC-29 (67-58)
	2:00 PM	60-58	57			
04/01/2013 FRIDAY	9:30 AM	57-56	54	55-57	93	GEN-60 (57-55) OBC(CREAMY LAYER)-04(57-55) OBC (NON -CREAMY)-06 (57-55) SC-23(57-55)
	2:00PM	55	39			
07/01/2013 MONDAY	9:30 AM	54	40	54-52	112	GEN-70 (54-52) OBC(CREAMY LAYER)-12(54-52) OBC (NON -CREAMY)-06 (54-52) SC-24(54-52) (51-50)
	2:00 PM	53-52	72			
08/01/2013 TUESDAY	9:30 AM	51	44	51-50	83	GEN-52 (51-50) OBC(CREAMY LAYER)-11(51-50) OBC (NON -CREAMY)-07 (51-50) SC-13(51-50) PH-1 UNDER GENERAL PH-1 UNDER OBC NON-CREAMY
	2:00 PM	50	39			
09/01/2013 WEDNESDAY	9:30 AM	49-48	57	49-46	110	GEN-68 (49-46) OBC(CREAMY LAYER)-14 (49-46) OBC (NON -CREAMY)-14 (49-46) SC-14(49-46) PH-1 UNDER GENERAL PH-1 UNDER OBC CREAMY
	2:00 PM	47-46	53			
10/01/2013 THURSDAY	9:30 AM	45-44	51	45-41	94	GEN-60 (45-41) OBC(CREAMY LAYER)-13(45-41) OBC (NON -CREAMY)-07 (45-41) SC-14(45-41)
	2:00 PM	43-41	41			
11/01/2013 FRIDAY	9:30 AM	40-37	38	40-30	64	GEN-38 (40-35) OBC(CREAMY LAYER)-10 (38-30) OBC (NON -CREAMY)-01 (38) SC-15 (41-30)
	2:00 PM	36-30	26			

SR. ASSISTANT

ASSISTANT REGIONAL DIRECTOR

REGIONAL DIRECTOR



INDIRA GANDHI NATIONAL OPEN UNIVERSITY
6, SUBHASH COLONY, SUBHASH MARG
Regional Centre, Karnal -132001, Haryana
Ph. (0)91-184-2271514 Fax No. (0)91-184-2255738
E-mail : rckarnal@ignou.ac.in Website : www.ignou.ac.in



IG/RCK/B.Ed./2013/Offer Letter
Date : / /2012

SUB: OFFER OF ADMISSION FOR B.Ed. PROGRAMME COMMENCING FROM JANUARY 2013 SESSION

Dear Applicant,

We are glad to inform you that you have qualified the entrance examination held on **26th August 2012** for Admission in the **Bachelor of Education (B.Ed.)** Programme of the University commencing from **January 2013**. As per NCTE guidelines, the B.Ed programme of IGNOU is for those who are working as a teacher in a recognized primary/secondary/higher secondary school and having experience of two years.

In order to confirm your admission, you are advised to bring original and one set of attested copies of following documents (in order of sequence) at the time of counseling:-

- 1) **Programme Fee of Rs. 17,400/- through Demand Draft from any one of the Scheduled/Nationalized Bank in the name of IGNOU payable at Karnal. Please write your Name, address & mobile number at the back of the Demand Draft to ensure proper credit to your fee account.**
- 2) **Filled-in Acceptance form (Encl.-1)**
- 3) **Filled-in certificate for providing facilities of practical teaching with stamp of the secondary/higher secondary school-principal (Encl.-2)**
- 4) **Passport size two recent coloured photographs.**
- 5) **Letter of Appointment(s) issued by competent authority and Experience Certificate(s).**
- 6) **Employment cum experience certificate from the school where presently working in the attached proforma. Even though you have submitted with entrance test form (Encl.-3).**
- 7) **Original Hall Ticket (Hall ticket for appearing in entrance examination on 26th August 2012).**
- 8) **Certificates & Marks Sheet of Graduation and Post-Graduation.**
- 9) **Category Certificate in prescribed proforma for SC/ST/OBC (If applicable).**
- 10) **Non Creamy layer OBC Certificate (in the case of OBC) and Income certificate issued in last 06 months**
- 11) **Copy of Proof of Physically handicapped (PH) certificate issued from competent authority (if applicable).**
- 12) **Duly attested copy of Proof of Certificate as claimed for War-Widow/Kashmiri Migrant issued from competent authority (if applicable).**
- 13) **Annexure I and Annexure II regarding ragging (A copy is attached)**

Your admission in B.Ed. Programme is purely on the basis of your merit. Allotment of Study/Programme Study Centre is purely based on the merit of the Entrance Examination (For details of centers and their location please see Encl.-1). Under no circumstances the Study Centre/Programme Study Centre will be changed. The Student has to attend workshop (1st year and 2nd Year) at the allotted centre only. Change of centre for workshop will not be considered under any circumstances. This offer of admission is provisional and is based on the documents of qualification and experience submitted by you along with the application form. If at a later stage, it is found that the document(s) submitted by you is/are false, your admission shall stand cancelled forthwith and no fee refund will be admissible in the event of such cancellation of admission.

You are advised to submit the above mentioned documents in person on _____(date of counseling) at _____ at the IGNOU Regional Centre Karnal, 6, Subhash Colony, Subhash Road, Near Home guard Office, Karnal -132001, Haryana positively. Forms received after the due date of counseling or incomplete form/without-relevant supporting documents will be summarily rejected. The University is not responsible for any delay including Postal delay.

पिछड़े वर्ग (नान क्रीमीलेयर) के अन्तर्गत आने वाले अभ्यर्थी : ऐसे सभी अभ्यर्थी जिनकी काउंसिलिंग पिछड़े वर्ग (नान क्रीमीलेयर) के अन्तर्गत होनी है, उन्हें छः माह के अन्दर जारी किया गया आय प्रमाण-पत्र प्रस्तुत करने होंगे।

With best wishes,

(Dr Ashok Sharma)
Regional Director



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Encl: 1

ACCEPTANCE FORM

B.Ed PROGRAMME COMMENCING FROM JANUARY 2013

With reference to your office letter No. IG/RCK/B.Ed./2013/Offer, I opt for the following centre in order of preference. I enclose ALONG WITH THIS FORM identity Card duly completed and demand draft of Rs. 17,400/- (Rs. Seventeen thousand four hundred only) towards the course fee as per details given below:

1. Name of Student (in block letters): _____

2. Entrance Examination Enrolment No. :

3. Programme fee details:

D.D. Number	Date	Month	Year	Amount
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rs.17.400/-

Bank Name

4. Medium: English Hindi

5. Please select two courses from Group B and one course from Group C (Course details is given in your respective prospectus):

Group B : ES ES Group C : ES

6. Please give your choice as per preference from the list of study centres given below:

Sr .No.	Centre Code	Name & Address of the Study Centres	Order of Preference
1.	1005	CHOTU RAM COLLEGE OF EDUCATION, ROHTAK-124001	
2.	1025P	M.M. COLLEGE OF EDUCATION, FATEHABAD-125050 TELE: 01667-220136, 224997	
3.	1032P	DR GANESH DASS DAV COLLEGE OF EDN RAILWAY ROAD,KARNAL-132001	
4.	1051P	NATIONAL COLLEGE OF EDUCATION, SES PARISAR, B-BLOCK, NEAR DURGA MANDIR, SIRSA	
5.	1052P	JCD PG COLLEGE OF EDUCATION, SIRSA	
6.	1054P	SHRI JAIRAM MAHILA COLLEGE OF EDUCATION RESEARCH & DEVELOPMENT, LOHAR MAJRA, KURUKSHETRA - 132118	
7.	1055P	SANT NISCHAL SINGH COLLEGE OF EDUCATION FOR WOMEN, SANTPURA, YAMUNA NAGAR-135001	

DECLARATION BY APPLICANT

I agree with that this admission is provisional and is based on the documents of qualification and experience submitted by me along with the application form. If at later stage, it is found that document(s) submitted by me is /are fake, my admission shall stand cancelled forthwith and no fee refund will be admissible in the event of such cancellation

Date:

Signature of the Applicant

Name: _____

Address _____

Ph. No.(with STD Code) _____

Mobile No. _____

Email:.....

(For office use only)

Documents checked by:

Admitted/Not admitted

JAT/ASST./Sr.ASST.

ARD

REGIONAL DIRECTOR



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Encl:2

Proforma to provide information for the PRACTICE TEACHING

1) Entrance Test Enrolment No.:

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2) Study Centre (Code):

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(To be filled on the date of Counselling)

3) Name of the student:

4) Residential Address:
.....
(Pin) (Contact No.).....

5) Address of working centre (School Name) at presently working:
.....
.....
(Pin) (Contact No.).....

6) Address of work centre: (The school where B.Ed Practical will be conducted):
.....
.....
(Pin) (Contact No.).....

7) Teaching subjects to be opted (Course code may mentioned):
* From Group B: (1) (2)
*From Group C: (1)

8) Name of the Head Master/Principal:
.....

9) Name and address of two Senior Teachers (and their qualifications) involved in teaching the Above opted Teaching subjects at Higher/ Senior Secondary level
(Note: Senior teachers who are having B.Ed/M.Ed. qualification should only be selected)
(A) Name of the Teacher:
Qualifications:.....
Address..... (Pin)
Conatct No with STD Code.....

(B) Name of the Teacher:
Qualifications:.....
Address:.....
..... **(Pin)**
Contact No with STD code:.....
Email ID:.....

Signature of the Student

***Note- Please refer page No. 16-17 of B.Ed. students Prospectus 2013 which is already with candidate**

Experience-cum-Employment Certificate

(To be submitted at the time of counseling)

(From Secondary or Higher Secondary School for Practice Teaching)

(This certificate duly filled- in and signed, is to be provided to the Regional Centre, Karnal, after receiving the letter of offer for admission to B.Ed. after entrance test.)

This is to certify that Mr./Ms. _____ has been teaching in this school from ____ (DD)____(MM)_____(YR) to ____ (DD)____(MM)_____(YR) as Post Graduate/Graduate/ Primary/Assistant Teacher.

His/Her appointment in this school is on full time temporary/permanent basis and teaching the students of class from _____ to _____ in the subjects _____ etc.

This School is Govt./Govt. aided/unaided and is duly recognized by the central/state government/union territory by virtue of obtaining Registration No. _____ dated _____ from Directorate of Education, _____ (Name of the state) for a period _____/

I hereby undertake that all the information mentioned above are true and the University is empowered to take legal action against me for any wrong information.

Signature of Principal/Headmaster/

Headmistress of the School

(With Stamp)

Full Name :

Name of the School:.....

Address of the School:.....

.....

.....

Telephone No.:

Email ID :.....,

AFFIDAVIT BY THE STUDENT

(TO BE SUBMITTED ALONG WITH APPLICATION FORM)

I, _____ (full name of the student with admission/registration/ enrolment number) s/o d/o Mr./Mrs./Ms. _____ having been admitted to _____ (name of the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understand the provisions contained in the said Regulations.

2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of deponent

Name :

Address:

Tel./Mobile No.

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (place) this the _____ (day) of _____ (month), _____ (year).

Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ (day) of _____ (month), _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER

AFFIDAVIT BY THE PARENT/GUARDIAN
(TO BE SUBMITTED ALONG WITH APPLICATION FORM)

I, Mr./Mrs./Ms. _____ (full name of parent/guardian/father/mother/guardian of, _____ (full name of student with admission/registration/enrolment number), having been admitted to _____ (name of the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understand the provisions contained in the said Regulations.

2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
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6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of deponent

Name :
Address :
Telephone/Mobile No. :

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (place) this the _____ (day) of _____
(month), _____ (year).

Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ (day) of _____
(month), _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER