



DMSSPS
Dev Mangal Singh Shikshan Prashikshan Sansthan

DMS Shikshan Prashikshan Sansthan
ADMISSION FORM

Name (In capital letter): _____

Date of Birth: ___/___/_____

Gender: Male Female Other.

Nationality: Indian other _____

Father's Name: _____

Mother's Name: _____

Email: _____

Phone No: _____

Address: _____

(Paste your
passport size
photo)

Select Your Program:

1. Bachelor of Education 2. Diploma in Elementary Education 3. M aster of Education

Declaration:

I _____ hereby declare that all the information provided above is true to the best of my knowledge. I agree to abide by the rules and regulations of DM S Shikshan Prashikshan Sansthan.

Date: ___/___/_____

Signature: _____

_____ ***For Official Use Only*** _____

Received By: _____

Date: ___/___/_____

Signature: _____

Stamp