BODOLAND UNIVERSITY
KOKRAJHAR-783370, BTC, ASSAM
(ACADEMIC SECTION)

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Debargaon, P.O. Rangalikhata,
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B.Ed / M.Ed COUNSELING AND ADMISSION NOTICE
Date: 26/08/2025

This is for information to all concerned that the BEd/M.Ed counseling cum admission for admission in the DIET/B.Ed colleges affiliated to Bodoland University will be held on the dates, venue and times shown below. The qualified candidates are hereby instructed to appear in the counseling cum admission along with counseling form uploaded in the website, Educationa qualification certificate original and one set photocopies for verification. The Candidates belonging to OBC category shall have to produce valid NCL Certificate and the candidates seekng admission under reserved category shall produce valid certificate on the day of counseling to claim their seats. The results **of B.Ed and M.Ed** are available in the uinversity website.

Sl No.	Course	Sl No. of Result sheets	Venue	Date of Admission/ Counseling	Time of Admission
1	B.Ed	1- 400	Jwhwlao Nileswar Brahma, Auditorium, BU	29/08/2025	10:00 A.M. onwards
2	B.Ed	401 -659	Jwhwlao Nileswar Brahma, Auditorium, BU	30/08/2025	10:00 A.M. onwards
3	M.Ed	1- 77	Jwhwlao Nileswar Brahma, Auditorium, BU	30/08/2025	1.00 P.M. onwards

NB: 1. Counseling Forms will be made available in the website.

Academic Registrar,
Bodoland University

Memo No. BU/ACA/B.Ed and M.Ed Counseling /85/2019/1048 Dated: 26/08/2025

Copy for information to:

1. The P. S. to the Vice-Chancellor, Bodoland University for information.
2. The P. S. to the Registrar, BU for kind information.
3. The P. S. to the Finance Officer, BU
4. The principal, of (7) affiliated DIET/B.Ed colleges, BU
5. The all HoDs of BU.
6. The Suptd Finace, A/C Branch BU.
7. The HoD, CS&T, BU, for uploading in the university website.
8. Notice Board.
9. Concerned file.

Academic Registrar,
Bodoland University

Academic Registrar
Bodoland University

COUNSELLING FORM
B.Ed. ADMISSION
BODOLAND UNIVERSITY

SL No.....

Date:.....

1. Name of Candidate:.....
2. Father's Name:.....
3. Mother's Name:.....
4. Caste/Category: ST(P)/ST(H)/SC/OBC/MOBC/EWS/PWD:.....
5. Permanent Address:.....

   .....
6. Name of the Institute Last Attended:.....
7. Date of last Examinations passed:.....
8. B.Ed. Entrance Roll No:.....B.Ed. Entrance Marks:.....
9. B.A/B.Sc. /B.Com. Marks:.....Percentage.....
10. P.G. Marks, if any:.....Percentage.....
11. Documents Verification:

Education qualification			
Exam Name	**Year of passing**	**Percentage**	**Remarks , if any**
H.S.L.C			
H.S			
U.G.			
P.G			
Any other			
Caste/Income/NCL etc. details			
Category	**Date of Issue**	**Valid up to**	**Remarks , if any**
Caste/PWD/EWS/NCL			

Date: Signature of Student

12. Verified the submitted documents/information and found in order, may be consider for B.Ed. seat allotment.

Name of Verifier:..... Signature with date

13. Recommended for admission:
    (a) Allotted Name of college/Institute: .....
    (b) Category:.....
    (c) Remarks if any:.....

Date:

Chairman
Counseling Committee

COUNSELLING FORM
M.Ed. ADMISSION
BODOLAND UNIVERSITY

SL No.....

Date:.....

1. Name of Candidate:.....
2. Father's Name:.....
3. Mother's Name:.....
4. Caste/Category: ST(P)/ST(H)/SC/OBC/MOBC/EWS/PWD:.....
5. Permanent Address:.....

   .....
6. Name of the Institute Last Attended:.....
7. Date of last Examinations passed:.....
8. M.Ed. Entrance Roll No:.....M.Ed. Entrance Marks:.....
9. B. Ed Marks:.....Percentage.....
10. P.G. Marks, if any:.....Percentage.....
11. Documents Verification:

Education qualification			
Exam Name	**Year of passing**	**Percentage**	**Remarks , if any**
H.S.L.C			
H.S			
U.G.			
P.G			
Any other			
Caste/Income/NCL etc. details.			
Category	**Date of Issue**	**Valid up to**	**Remarks , if any**
Caste/PWD/EWS/NCL			

Date:

Signature of Student

12. Verified the submitted documents/information and found in order, may be consider for M.Ed. seat allotment.

Name of Verifier:.....

Signature with date

13. Recommended for admission:
    (d) Allotted Name of college/Institute: .....
    (e) Category:.....
    (f) Remarks if any:.....

Date:

Chairman
Counseling Committee