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Roll No.:
(To be filled by the office)

**INSTITUTE OF EDUCATION AND RESEARCH
JAGANNATH UNIVERSITY
APPLICATION FORM, Spring-2023
MEd (Professional) Program**

Applicant's Name:

Father's Name:

Mother's Name:

Contact Address:

Permanent Address:

Cell Number: E-mail:

Academic Background:

Examination	Group/Subject	Board/University	Exam Year	Result

Applicant's Signature

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**INSTITUTE OF EDUCATION AND RESEARCH
JAGANNATH UNIVERSITY
ADMIT CARD Spring-2023
MEd (Professional) Program**

Applicant's Name:

Father's Name:

Mother's Name:

**Program Head
MEd (Professional) Program**