



TAMILNADU COUNCIL FOR OPEN AND DISTANCE LEARNING

Approved by International Council for Open & Distance Education (ICDE), Oslo, Norway

Internationally Accredited Institution Registered under Tamilnadu Govt Act

TET Exams (Teacher Excellence Test)

APPLICATION FORM

Register No:

Affix your latest
Passport size
Photo

Session & Year: _____

Course Name: _____

1. Name of the Candidate _____

2. Father's Name _____

3. Mother's Name _____

4. Date of Birth
(DD/MM/YYYY) _____/_____/_____

5. Residential Address

6. Contact Mobile No. _____

7. WhatsApp No. _____

8. E-mail ID _____

9. Educational Qualification _____

10. Occupation (Tick ☒) ☐ Teacher ☐ Student

If Teacher (fill below):

Name of the School / Institution: _____

Address of the School /Institution: _____

If Student (fill below):

a) Nature of job: _____

b) Years of Experience: _____

Undertaking by the Candidate

I, _____, accept that I would like to join the **TET Examination**. I declare that the information given above is true and correct. I agree to pay the applicable course fee:

Place: _____

Signature of the Candidate

Date: _____

Attachments:

- 1) 10th Class / 12th Class Mark sheet Copy**
- 2) Degree Mark sheet / Degree Certificate Copy (If Applicable)**
- 3) Filled Admission Form**
- 4) Aadhaar Card Copy**
- 5) One Photo Affixed in the Form & Additional 1 Photo to be pinned**
- 6) Attach the printed copy of the fees paid receipt / snapshot.**
- 7) Attach the School ID card (If working as Teacher)**