



# I.D.E.A.L.



## International Diploma in Education and Academic Leadership 2011 - 2012

\*\* Last Date of Submission of the Registration form:

### REGISTRATION FORM

Enrollment Number

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<b>Name</b>							
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<b>Gender</b>	M	F	<b>Age</b>		<b>Date of Birth</b>	D	D	M	M	Y	Y	Y	Y

<b>Nationality</b>							
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<b>School Name &amp; Address</b>											
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<b>Phone Number</b>		<b>School URL:</b>					
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<b>Residential Address</b>											
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<b>Mobile No.(s)</b>											
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<b>Land line No. with STD Code</b>											
<b>Residence/Office</b>											

<b>Personal Email Address (To which the Study materials will be emailed)</b>											
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<b>Email Address of the School</b>											
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### Educational Qualification

Degree	Discipline	Institution & Location
Under Graduation		
Post Graduation		
M.Phil / Ph.D		

**Other Certificates, Degrees & Diploma**

Degree/Diploma	Areas Covered

**Work Experience**

Position	Years of Experience	Institution & Location	
Years of Experience in Teaching Career		Total Years of Experience	
Subjects Handled			
Subjects currently Handling			

**Key areas of Interest**

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**Statement of Purpose (SoP)**

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**Declaration**

I understand that I.D.E.A.L. programme is complimentary and it comes as part of SpellBee project undertaken by our school. I hereby give my consent to follow the guidelines given for the diploma by following the web based flexible cum learning system, attending its contact classes and submitting of Research papers and Assignments taking my classroom or my school as a case study.

\_\_\_\_\_  
Signature of the Applicant

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Signature of the Principal

**FOR OFFICIAL USE**

Date of Enrollment :

Name of the Admission officer:

Signature:

Office Seal: