logo	College Name:							College Code:								T
For college use only →	Course Admitt	Division: Roll No:					rm No:				Please paste a passport					
	Admission date		/									4			X 45 m here, E	
	structions to Stud ck ink to fill in the	rite.									NO	Γstaple	e. <u>Photo</u> xceed t	<u>) </u>		
2. Fill in a	ll fields in CAPIT .	AL letters only.											<u>borde</u>	<u>rs</u> .		
3. Put (√)	whenever appli					↑ Student should <u>sign strictly inside</u> this box only with black ink										
							•					•				
Course Ap	oplied for (e.g.B	A/BCom/BSc														
				Y/BE –SEM	SEM- I/II/III/IV)											
(FYBA/SYBA/FE/MA-I/FYBA-SEM-I) Appliying for Concession																
1. Persor	nal Informati	on Section														
				Last	Last Name (Surname)				First Name			Middle Name				
	the Student: hanged name, wri	ite current name	e)													
Name of t	the Student: (In	Devnagari scrip	ot)													
Name of the Student as printed on Std. 10 Marksheet (write the name as it should appear on the marksheet)																
Father's/F	Iusband's Nam	e:														
Mother's	Name:															
	name of the Stud															
Reason for name change: Willingly / After Marriage Marital Status: Unmarried/ Married/ Divorced/																
[Check (√)	whichever is ap		[Check (√) whichever is applicable] Widowed /								Deser	ted				
Date of B	irth (DD/MM/	YYYY): /	/		(Gende	r:		Male /	′ 🔲 1	Female	!				
Place of B	irth:						Bloo	d Gro	ap (with Rh)	:						
Religion: Citizen of (country name):																
Address f				Ι												
State: District: Address (House no, street/area/suburb etc.):					t: City/Town/Village:											
PIN Code: Permanent Address [Write only if different from 'Address for Correspondence']																
State: District: Tehsil: City/Town/Village:																
Address (House no, street/area etc.): PIN Code:																
Phone # 1: STD Code:									Phone No:							
Contact Details Phone # 2: STD Code			de:					Phone No:								
Mobile +									Em	ail ID:			<u> </u>	<u> </u>	<u>ı </u>	
No: (For ex.	9 1	9 4	2	3 5	8	9	6	9	3)							

2. Legal Res [Check (√) w	servation Infor whichever is applic	mation Section cable]										
Domicile of St Other State Sp		shtra Categ	gory: C	pen/	Reserved		SC / ST/	OBC /	SBC NT(B)			
Caste: Sub-Caste:					If Physically Challenged: Visually Impaired / Speech and/or Hearing Impaired / Orthopedic Disorder or Mentally Retarded							
		rmation Section	porting do	cumen	attached, in se	ection 6.1						
	/ Ward of Ex- Se						:1					
Active-Service	man/Ward of Act	ive-Serviceman			Member of Project Affected Family Member of Earthquake Affected Family							
	er/Ward of Freed				Member of Flood / Famine Affected Family							
Ward of Prima					Resident of		<u>, , , , , , , , , , , , , , , , , , , </u>					
Ward of Secon	•				Kashmir Mi							
	orced/Widowed V	Voman										
4. Selected/Op	ted Papers Section	n [Write paper codes o	or Paper N	ame or	ly, in the boxes	s] (or attach list a	as per syllab	us separate	ely)			
Year/ Semester				Se		I/VIII (If decided						
1.	ode	Paper Name		1.	Code		Paper	r Name				
2.				2.								
3.				3.								
4.				4.								
5.				5.								
6.				6.								
7.				7.								
8.				8.								
9.				9.								
5 Education	nal Details Sec	ction [Write 'YES' in la	ast column	against :	the qualifying ex	amination on the ha	asis of which yo	u are seekind	r admission			
		rite NO in front of other			ric qualifying ex	animation, on the be	isis of which yo	d are seeking	, dentission			
Last College	Attended:				ear:	Roll 1	No/PRN:		<u>, </u>			
Name of Examination	Name of Board / University	Name of School / College	Year & Month of Passing		Examination Seat No. (If Any)	Marksheet Statement No.	Grade /Total Marks Obtained	Out of	Qualifying Examination ? (YES/NO)			
Std 10 th (Details are mandatory)												
Std 12 h												

Form no.:

Form No.:										
5. Guardian Information Section										
Guardian's Name:										
	tion of the Guardian rofession / Farm		ce / Busine abourer / R		Annual Income of the Guardian (Rs.): (Last financial year)					
Relation	Relationship of guardian with applicant: Phone No.:									
6. Attached Documents and Certificates Section										
Sr. No.	Name of Documen	t/Certificat	e		Original	Attested True Copy	Attached (Yes / No)			
1	Mark sheet of Std 10 th					Гrue Copy (Mandatory)				
2	Mark sheet of Std 1	2 th			Attested	True Copy				
3	Leaving Certificate				Original					
4	Certificate of Caste with Category					True Copy				
5	Non Creamy Layer	Certificate			Attested	Attested True Copy				
6	Affidavit for changed name/ Marriage Certificate / Govt. Gazette									
7	Domicile Certificate	e			Attested	True Copy				
8	Certificate for Phys	ically Chall	enged		Attested	True Copy				
9										
10										
11	11									
7. Oth	ner Information S	Section								
Mother Tongue: Employment Status: Employed / Do you wish to join NCC / NSS										
Mother Tongue: Do you wish to join NCC / NSS Would you like to apply for Hostel:										
Hobbies, Proficiency and Other Interests:										
	and Sports participat		nal etc)·							
	(e.g. College/State/National/International etc.): Personal Identification Marks: 1. 2.									
8. De	claration by Stud	lent								
I hereby declare that I have read the rules related to admission and the information filled in by me in this form is accurate and true to the best of my knowledge. I will be responsible for any discrepancy, arising out of the form signed by me and I undertake that, in absence of any document the final admission will not be granted and/or admission will stand cancel.										
I am aware of the Maharashtra Prohibition of Ragging Act, 1999 and I state that I will abide by all the rules and regulations of										
the said Act. Place:										
Date:				Signature	of the Stud	ent				
9. Declaration by Guardian										
I have permitted my son/daughter/ward to join your college. The information supplied by him/her is correct to the best of my knowledge. I have acquainted myself with the rules and fees, dues to my son/daughter/ward and to see that he/she observes.										
Place:										
Date: Signature of the Guardian:										
10. For College/Institute USE Only										
Designation Remarks / Particulars / Recommendations Signature and designation Clerk							Signature and date			
				Receipt No.	:					
	tant / Cashier									
_	rar / Office									
Superint Principa	endent al / Director									