

Logo	College Name	College Code		Please paste a passport size (35 mm X 45 mm) Photograph here. Do NOT staple. Photo should not exceed the borders.
For college use only -	Course Admitted for	Division Roll No.	Form No.	
	Admission date: / /			
Important Instructions to Students: 1. Use black ink to fill in the form and Do NOT over-write 2. Fill in all fields in CAPITAL letters only 3. Put (✓) wherever applicable			Student should sign strictly inside this line only with black ink	

Course Applied for (e.g. B.A/B.Com/B.Sc/B.Ed)	
Course Part or Semester applied for (e.g. FYBSc/1YBSc -SEM- I/II/III/IV) DYBA/5YBA/7E/MA-1/2YBA-SEM-D	
Applying for Concession: <input type="checkbox"/> EBC / <input type="checkbox"/> SC / <input type="checkbox"/> ST / <input type="checkbox"/> NT / <input type="checkbox"/> OBC / <input type="checkbox"/> SBC / <input type="checkbox"/> PwD / <input type="checkbox"/> STC / <input type="checkbox"/> Freedom Fighters / <input type="checkbox"/> Ex Service Man	

**Personal Information Section**

	Last Name (Surname)	First Name	Middle Name
Name of the Student: (In case of changed name, write current name)			
Name of the Student: (In Devanagari script)			
Name of the Student as printed on Std. ID Marksheet (write the name as it should appear on the marksheet)			
Father's/Husband's Name:			
Mother's Name:			
Previous name of the Student: (In case of changed name)			
Reason for name change: <input type="checkbox"/> Willingly / <input type="checkbox"/> After Marriage	Marital Status: <input type="checkbox"/> Unmarried / <input type="checkbox"/> Married / <input type="checkbox"/> Divorced / <input type="checkbox"/> Widowed / <input type="checkbox"/> Deceased		
(Check (✓) whichever is applicable)	(Check (✓) whichever is applicable)		
Date of Birth (DD/MM/YYYY) / /	Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female		
Place of Birth:	Blood Group (with Rh)		
Religion:	Citizen of (country name):		
Address for Correspondence			
State:	District:	Tehsil:	City/Town/Village:
Address (House no, street/area/village etc.)			
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: [ ][ ][ ][ ][ ][ ]			
Contact Details	Phone # 1:	STD Code:	Phone No:
	Phone # 2:	STD Code:	Phone No:
Mobile No:	+		Email ID:

For ex. 9 1 9 4 2 3 5 9 9 1 9 3

Domicile of State: <input type="checkbox"/> Maharashtra Other State Specify: _____			Category <input type="checkbox"/> Open / <input type="checkbox"/> Reserved		If Reserved: <input type="checkbox"/> SC / <input type="checkbox"/> ST / <input type="checkbox"/> DT(A) / <input type="checkbox"/> NT(D) / <input type="checkbox"/> NT(C) / <input type="checkbox"/> NT(D) / <input type="checkbox"/> OBC / <input type="checkbox"/> BC		
Case: _____		Sub-Case: _____		If Physically Challenged: <input type="checkbox"/> Visually Impaired / <input type="checkbox"/> Speech and/or <input type="checkbox"/> Hearing Impaired / <input type="checkbox"/> Orthopedic Disorder or <input type="checkbox"/> Mentally Retarded			

Ex-Serviceman/ Ward of Ex-Serviceman	Member of Project Affected Family
Active-Serviceman/Ward of Active-Serviceman	Member of Earthquake Affected Family
Freedom Fighter/Ward of Freedom Fighter	Member of Flood / Famine Affected Family
Ward of Primary Teacher	Resident of Tribal Area
Ward of Secondary Teacher	Ethnic Migrant
Deceased/Divorced/Widowed Woman	

4. Selected/Opted Papers Section (Write paper codes or Paper Name only, in the boxes) ( or attach list as per syllabus separately)					
Year/ Semester: III, V, VII			Semester: III, V, VII (If decided in First Semester only)		
	Code	Paper Name		Code	Paper Name
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
6.			6.		
7.			7.		
8.			8.		
9.			9.		

Educational Details Section (Write per row)								
Last College Attended:				Year:	Roll No/PIN:			
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 * (Details are mandatory)								
Std 12 *								

Form No.:	
<b>Guardian Information Section</b>	
Guardian's Name:	
Occupation of the Guardian: <input type="checkbox"/> Service / <input type="checkbox"/> Business / <input type="checkbox"/> Profession / <input type="checkbox"/> Farmer / <input type="checkbox"/> Labourer / <input type="checkbox"/> Retired	Annual Income of the Guardian (Rs): (Last financial year)
Relationship of guardian with applicant:	Phone No.:

6. Attached Documents and Certificates Section			
Sr. No.	Name of Document/Certificate	Original/Attested True Copy	Attached (Yes / No)
1	Mark sheet of Std 10*	Attested True Copy (Mandatory)	
2	Mark sheet of Std 12*	Attested True Copy	
3	Leaving Certificate	Original	
4	Certificate of Caste with Category	Attested True Copy	
5	Non Creamy Layer Certificate	Attested True Copy	
6	Affidavit for changed name / Marriage Certificate / Govt. Gazette		
7	Domicile Certificate	Attested True Copy	
8	Certificate for Physically Challenged	Attested True Copy	
9			
10			
11			

7. Other Information Section		
Mother Tongue:	Employment Status: <input type="checkbox"/> Employed / <input type="checkbox"/> Unemployed	Do you wish to join <input type="checkbox"/> NCC / <input type="checkbox"/> NIS
Would you like to apply for Hostel: <input type="checkbox"/>		
Hobbies, Proficiency and Other Interests:		
Games and Sports participation Level (e.g. College/State/National/International etc.)		
Personal Identification Marks:	1.	2.

8. Declaration by Student	
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:	Signature of the Student
Date:	

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:	Signature of the Guardian
Date:	

10. For College/Institute Use Only		
Designation	Remarks / Particulars / Recommendations	Signature and date
Admission Clerk		
Admission Committee	Cash Received, Rs. _____ Receipt No. _____	
Accountant / Cashier		
Registrar / Office Superintendent		
Principal / Director		