

	PSGVP Mandal's SIP Arts, GBP Science & STSKVS Commerce College, Shahada-425409, (Dist.Nandurbar),(M.S.), Estd.Date: June 1,1970 North Maharashtra University, Jalgaon (M.S.)		College Code: 230033 College ID: _____		Please paste STUDENT'S LATEST passport size (35 x 45 mm) Photograph here, Do NOT Staple Photo should not exceed the borders
	→ For College use only →	Course Admitted to: Division: _____ Roll No.: _____		Form No. _____	
Admission date: _____ / _____ / 201		_____		↑ Student should sign strictly inside box only with black ink.	
Kindly read important notes, read before filling in form: 1. Use black ink to fill in the form and Do NOT overwrite. 2. Fill in all fields in <u>CAPITAL</u> letters only. 3. Strike off whichever is NOT applicable. E.g. If you are a male: → Gender: ✓ Male					
Course applied for (e.g. B.A./B.Com./B.Sc./M.A./M.Com./M.Sc.) : _____					
Semester : FY(I & II), SY(III & IV), TY(V & VI): _____					
Course Part: (MA/MSc : Part I / Part II) : _____					
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"/> PTC/	<input type="checkbox"/> STC/	<input type="checkbox"/> Freedom Fighter	<input type="checkbox"/> Ex Service Man
1. Personal Information Section :					
	<i>Last Name</i>		<i>First Name</i>		<i>Middle Name</i>
Name of the Student: (In case of changed name, write current name)					
Name of the Student: (In Marathi-Devnagari Script)					
Name of the Student as printed on Std.10th Passing Certificate.					
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 [Check ✓ whichever is applicable]	Marital Status: <input type="checkbox"/> Unmarried / <input type="checkbox"/> Married/ <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed / <input type="checkbox"/> Deserted [Check ✓ whichever is applicable]				
Date of Birth (DD/MM/YY): _____ / _____ / 19	Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female				
Place of Birth:	Blood Group (with Rh):				
Religion:	Citizen of (country name): INDIA				
Address for Correspondence :					
State:	District:	Tehsil:	Village:		
Address: (Plot no. street /area etc.):				PIN Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Address [Write only if different than 'Address for Correspondence']					
State:	District:	Tehsil:	Village:		
Address (House no.street /area etc.):				PIN Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact Details					
Phone # 1:	STD Code:	Phone No:	Phone # 2 :	STD Code:	Phone No:
Mobile Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

P.T.O.

2. Legal Reservation Information Section									
Domicile of State: <input type="checkbox"/> Maharashtra			Category : <input type="checkbox"/> Open /		If Reserved: <input type="checkbox"/> SC/ <input type="checkbox"/> ST/ <input type="checkbox"/> DT(A)/ <input type="checkbox"/> NT(B)/ <input type="checkbox"/> NT(C) /				
Other State (Specify) :			<input type="checkbox"/> Reserved		<input type="checkbox"/> NT(D)/ <input type="checkbox"/> OBC/ <input type="checkbox"/> SBC [Check <input checked="" type="checkbox"/> whichever is applicable]				
Caste:			Sub-Caste:		If Physically Challenged: <input type="checkbox"/> Visually Impaired / <input type="checkbox"/> Speech and / or				
					<input type="checkbox"/> Hearing Impaired / Orthopedic Disorder or <input type="checkbox"/> Mentally Retarded				
3. Social Reservation Information Section [Check (<input checked="" type="checkbox"/>) whichever is applicable, write name of supporting document attached in section 6.]									
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				Kashmir Migrant					
Deserted/Divorced/Widowed Women									
4. Selected /Opted Papers Section [Write paper codes or Paper Names only, in the boxes] (or attach list as per syllabus separately)									
Year/Semester : I/ III/ V					Year/Semester : II/ IV/ VI				
	Code	Paper Name				Code	Paper Name		
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
10					10				
11					11				
12					12				
13					13				
14					14				
5. Educational Details Section [Write 'YES' in last column, against the qualifying examination, on basis of which you are seeking admission to the said course write NO in front of other examinations]									
Last College Attended :				Year:	Roll No.	PRN:			
Name of the Examination	Name of the Board/ University	Name of the School/ College	Year & Month of Passing	Examination Seat No. (If any)	Mark-sheet Statement No.	Grade/ Tot. Marks Obtained	Out of	Qualifying Examination? (YES/NO)	
Std 10 th									
Std 12 th									

P.T.O.

6. Guardian Information Section:			
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"/> Laborer / <input type="checkbox"/> Retired		Annual Income of the Guardian ₹ (Last financial year:1.4.2011 to 31.3.2012)	
Relation of Guardian with Applicant:		Phone/Mobile No. of Guardian :	
7. Attached Documents and Certificates Section			
Sr. No.	Name of Documents/Certificate	Original / Attested True Copy	Attached(Yes/No)
1	Passing Certificate of Std. 10 th	One Attested True Copy	
2	Statement of Marks of Std.12 th	Original + 3 Attested True Copies	
3	Leaving Certificate	Original + 3 Attested True Copies	
4	Caste Certificate with Category	Attested True Copy	
5	Non Creamy Layer Certificate	Attested True Copy	
6	Affidavit for changed name/ Marriage Certificate/Govt. Gazette	Original /Attested True Copy	
7	Domicile Certificate	Attested True Copy	
8	Certificate for Physically Challenged	Attested True Copy	
9	Anti-ragging affidavit:	Annexure I & II attached	
10			
8. 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"/> NSS
Would you like to apply for Hostel: <input type="checkbox"/>			
Hobbies, Proficiencies and Other Interests:			
Games and Sports participation: Level (e.g. College/State/National/International etc.):			
Personal Identification Marks:		1.	2.
9. Declaration by Student			
<p>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 will remain present in College(more than 80%) as University/College Rules.</p> <p>I am aware of the Maharashtra Prohibition Act, 1999 and I state that I will abide by all the rules and regulations of the said Act.</p>			
Place : SHAHADA		Signature of Student : _____	
Date : / /201			
10. Declaration by Guardian			
<p>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/see observes.</p>			
Place :		Signature of the Guardian : _____	
Date : / /201			
11. For College Use Only			
Designation	Remarks / Particulars / Recommendations		Signature and Date
Admission Clerk			
Admission Committee			
Accountant / Cashier	Cash Received ₹ _____	Receipt No.:	
		Date: / /201	
Registrar / Office Superintendent			
Principal			

ANTI-RAGGING

ANNEXURE – I AFFIDAVIT BY THE STUDENT

ANNEXURE – II AFFIDAVIT BY THE PARENT / GUARDIAN

1) I _____

S/o. D/o. Mr./Mrs. _____

Having been admitted to *P.S.G.V.P. Mandal's SIP Arts, GBP Science & STSKVS Commerce College, Shahada-425409, Dist. Nandurbar, M.S.* have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Education Institutions 2009 (hereinafter called the 'Regulations'.) carefully read fully understood the provisions contained in the said Regulations.

- 2) I have in particular, perused clause 3 of the Regulations and I am aware as to what constitutes ragging.
- 3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
 - a) I will not indulge any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any for the time being force.
- 6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging, and admission of my ward is liable to be canceled.

Declared this on _____ day of _____ month of **201** year.

Signature of the Student: _____

VERIFICATION BY PARENT / GUARDIAN

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ on this _____ day of _____ month of **201** year.

Name of the Father/Mother/Guardian : _____

Address: _____

Telephone / Mobile :

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Signature of the Student: _____

Solemnly affirmed and signed in my presence on this day _____ of month _____ of **2013** after reading the contents of this affidavit.

OATH COMMISSIONER _____