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|  | **Adivasi Seva Sahayyak & Shikshan Prasarak Sanstha’s**  **Shri. D.H. Agrawal Arts, Shri. Rang Avadhoot Commerce And Shri. C.C.Shah &**  **M.G. Agrawal Science College, NAVAPUR (Dist. Nandurbar)-425418**  **Affiliated to KBC North Maharashtra University Jalgaon** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **College Code**  **270047** | | | | | **Please Paste a**  **Passport Size**  **(35mm x 45 staple)**  **Photo Should not**  **Cross the borders** | | | | | | | |
| **For College Use only** | **Course Admitted to** | | | | | | | | | | | **Division :**  **Roll No. :** | | | | | | | | | | **Form No.** | | | | | | | | | | | | | | | | |
|  | **Admission Date : / /20** | | | | | | | | | | | | | | | | | | | | |
| **Important Instructions to Student :**  **1. Use Black ink pen to fill in the form and do not overwrite. :**  **2. Fill in all information in capital letters only.**  **3. Put () Wherever applicable.** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |
| **Student Should Sing Strictly Inside this box only with black ink pen** | | | | | | | | | | | | | | | | |
| **Course Applied for (e.g. B.A./B.Com./B.Sc./M.A./MSc.) P.R.N.** | | | | | | | | | | | | | | | |  |  |  |  | |  | | | |  | |  |  | | |  |  | | |  | |  | | |  | | |  |  |  |
| **Course Part or Semester applied for**  **(e.g. FY / SY / TY / SEM-I / II,III / IV / V / VI)** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applying for Concession EBC SC ST NT OBC SBC**    **PTC STC Freedom Fighter Ex service Man** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Personal Information Section :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | **LAST NAME (Surname)** | | | | | | | **FIRST NAME** | | | | | | | | | | **MIDDLE NAME** | | | | | | | | | | | | | | | | | | | | | | |
| **Name of the Student** | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Name of the Student**  **(In Devnagari Script)** | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Name of the Student as printed on std. 10th Mark Sheet (write the Name as it appears on the mark sheet)** | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Father’s Name** | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Mother’s Name** | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Previous Name of the Student (In case of changed Name)** | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Reason for Name Change : Marital Status : Unmarried Married Divorced**  **Willingly After Marriage Widowed Deserted** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Birth : (DD/MM/YYYY) / /** | | | | | | | | | | | | | | | **Gender : Male Female Other** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Place of Birth :** | | | | | | | | | | | | | | | **Blood Group :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Religion :** | | | | | | | | | | | | | | | **Citizen of ( Country Name) :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address for Correspondence :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **State :** | | | | **District :** | | | | | | | | | | **Taluka :** | | | | | | | | | **City / Town / Village** | | | | | | | | | | | | | | | | | | | | | | | |
| **Address: House No. /Street. Area etc :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mobile No.:** | |  |  | | |  | |  |  |  |  | |  |  | |  | **Pin Code :** | | | | | | | | |  | | |  | | | |  | | |  | | | | |  | | |  | | |
| **Permanent Address (Write Only if it is different form address for Correspondence)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **State :** | | | | | **District :** | | | | | | | | | **Taluka :** | | | | | | | | **City / Town / Village** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address: (House on. / Street. Area etc) :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | **Pin Code :** | | | | | | |  | | |  | | |  | | | | |  | | | |  | |  | | | |
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| **2. Legal Reservation Information Section**  Click (√) Whichever is applicable | | | | | | | | | | |
| Domicile of State : Maharashtra | | | Category : Open  Reserved | | | | | | If Reserved :  SC ST DT (A)  NT (B) NT (C) NT (D)  OBC SBC | |
| Cast : | | | Sub Cast : | | | | | | If Reserved :  Visually impaired  Speech and  Hearing impaired  Orthopedic Disorder  Mentally Retorted | |
| **3. Social Reservation Information Section :**  Click (√ )Whichever is applicable with names of supporting documents attached in section | | | | | | | | | | |
| 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 | | | |  | Kashmiri Migrant | | | | |  |
| Deserted / Divorced / Widowed Woman | | | |  | Other | | | | |  |
| **4. Selected / Opted Papers Section :**  (Write paper codes or paper name only in the boxes) or attach list as per syllabus separately) | | | | | | | | | | |
|  | 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 |  |  | | |
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| **5. Education Details Section**  (Write ‘YES’ last column, against the qualifying examination, on the basis of which you are seeking admission to the said program / course write No in front of other examination) | | | | | | | | | | |
| Last College Attended : | | | | Year : | | PRN NO.: | | | | | |
| **Name of**  **Examination** | | **Name of the**  **Board/University** | **Name of the School/College** | **Year & Month of passing** | **Examination Seat No.** | **Mark Statement No.** | **Grade/Total Marks Obtained** | | **Out of** | **Qualifying**  **Examination? (Yes / No)** | |
| Std 10th  (Detail are  Mandatory) | |  |  |  |  |  |  | |  |  | |
| Std. 12th | |  |  |  |  |  |  | |  |  | |
| F.Y. | |  |  |  |  |  |  | |  |  | |
| S.Y. | |  |  |  |  |  |  | |  |  | |
| T.Y. | |  |  |  |  |  |  | |  |  | |
| M.A./M.Sc. I | |  |  |  |  |  |  | |  |  | |
|  | |  |  |  |  |  |  | |  |  | |
| **Guardian’s Information Section :** | | | | | | | | | | |
| Guardian’s Name : | | | | | | | | | | |
| Occupation of the Guardian : Service Business Annual Income of the (Rs.)  Profession Farmer Labor Retired ( Last financial Year) | | | | | | | | | | |
| **6. Attached Documents and Certificate Section** | | | | | | | | | | |
| **Sr. No.** | **Name of the Document / Certificate** | | | **Original / Attested True Copy** | | | | **Attached (Yes/NO)** | | |
| 1 | Mark Sheet of Std 10th | | | Attested True Copy (Mandatory) | | | |  | | |
| 2 | Mark Sheet of 12th | | | Original & Attested True Copy | | | |  | | |
| 3 | Leaving Certificate | | | Original & Attested True Copy | | | |  | | |
| 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 | Income Certificate | | | Attested True Copy | | | |  | | |
| 10 | Pass Port Size Photo | | | Attested True Copy | | | |  | | |
| 11 | Bank Pass Book Xerox | | | Attested True Copy | | | |  | | |

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| **7. Other Information Section** | | | | | | |
| Mother Tongue: | | | Employment Statue Employed Unemployed | | | |
| Do You wish to Join NSS ; | | | | | | |
| Would You Like to apply for Hostel : | | | | | | |
| Hobbles, Proficiency & Interest : | | | | | | |
| Game and Sport 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 of admission and the information filled by me in this form is accurate and true to the best of my knowledge and belief. I will be held responsible for any discrepancy arising out of the from singed by me and I undertake that in absence of any document, the final admission will not be  granted to me and / of admission will stand cancelled.  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 : / /20 **Signature of the Student** | | | | | | |
| **9. Declaration by Guardian :** | | | | | | |
| I hereby permit my son / daughter / ward to join your college. The information supplied by him / her is correct to the best of my knowledge and belief. I have acquainted myself with the rules of the college and will pay fees due to my son / daughter / ward and will see that he / she observes all the rules of the college.  Mobile No. :  Place :  Date : / /20 **Signature of the Guardian** | | | | | | |
| **10. For College / Institute Use Only** | | | | | | |
| Designation | Remarks / Particulars / Recommendations | | | | | Signature and Date |
| Admission Committee |  | | | | |  |
| Admission Clerk |  | | | | |  |
| Accountant Cashier | Fee Received Rs. | | | Receipt No. : | |  |
|  | Deposit Received Rs. | | | Receipt No. : | |  |
| Office Superintendent |  | | | | |  |
| Principal / Vice Principal |  | | | | |  |