



Shri Datta Prasadik Shikshan Prasarak Mandal's

S. M. D. Bharti Mahavidyalaya, Arni, Dist. Yavatmal.

(Affiliated to Sant Gadge Baba Amravati University, Amravati)

ADMISSION FORM

Form No.: _____

Stream: Arts / Commerce / Science

Admission No.: _____

Class : _____

Date : _____

Respected Sir,

I would like to take admission in your college in the academic year 20.... - 20.....

My essential information is given below.

1) Full Name of Applicant:

(In block letters only) Surname Name Middle Name

2) Full name in Marathi:

3) Date of birth:

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4) Guardian / Father's full Name:

5) Mother's Name:

6) Caste: Category: SC / ST / OBC/ VJ / NT / SBC / OPEN / OTHER

7) Permanent Address:

Pin code:

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 Mob. No.:

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8) Residential Address:

Pin code:

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 Mob. No.:

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9) Nationality:

10) Guardian / Father Occupation: Annual Income: Rs.....

11) Educational concession type: GOI / EBC / PTC / Minority / Full Fee.

12) First admission year in this college:

13) Status: i) Unmarried / Married ii) Urban / Rural

14) Information about previous qualifying examination.

- i) Name of qualifying Exam : -
- ii) Board / University : -
- iii) Passing year : -
- iv) Examination center : -
- v) Center No. : -
- vi) University Enrollment No. : -
- vii) Percentage : -
- viii) Subject offered in qualifying examination.

- 1) English 2) Marathi 3).....
- 4)..... 5)..... 6).....
- 7)..... 8)..... 9).....

15) Subject offered for current academic year.

- 1) English 2) Marathi 3).....
- 4)..... 5)..... 6).....
- 7)..... 8)..... 9).....

16) I declare that, the information given in this application is true and authentic. I am abide by all the rules and regulations of the college. Any misconduct, misbehavior inside or outside the college on my accord will be punishable for me. The due punishment for any misconduct on my accord will be punishable.

Date:/...../.....

Signature of the Student

17) I declared that, the applicant is my Son / Daughter / Ward. The information provided by him / her in this application is true. If found incorrect, I will be responsible for it. And will be abide by the action taken against him / her.

Date:/...../.....

Signature of the Father / Guardian

FOR OFFICE USE ONLY

Receipt No.: **Date:**/...../.....

Application form checked and found correct and forwarded for admission.

Date:/...../.....

Admission Clerk

**Admission Committee
Member**

Principal

