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Nutan Vidyalaya Shikshan Sanstha's

NUTAN MAHAVIDYALAYA, SAILU (Affiliated to Swami Ramanand Teerth Marathwada University, Nanded)

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COME	
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Code	20

204

	college
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use	only \rightarrow

Course Admitted to : Division: Form No. Roll No.

Please paste a Passport size (35 mm x 45 mm) Photograph here, Do Not staple. Photo should not

exceed the borders.

Kindly read important notes, read before filling-in form :

Admission date:

Use black ink to fill in the form and Do NOT overwrite.
 Fill in all fields in CAPITAL letters only.
 Strike off whichever is NOT applicable Eg If you are a Male:-> Gender: Male /-Female

Course Applied for (e.g. B.A./B.Com./	B.Sc./M.A.) :								- 11
Course Part Applied for (e.g. P				student should sign str this box only with black					_
Applying for Concession EBC / SC/ ST/ NT / OBC	I SBC / PTC / STC /	Freedom Fight	or/Ex	Service Man :					_
1 Personal Information Section			•						
	Last	Name		First Name		Mide	dle Nan	ne	
Name of the Student: (In case of changed name, write current name)									
Name of the Student (in Devnagari script)									
Name of the Student as printed on std. 10 Passing Certificate									
Father's / Husband's Name :									
Mother's Maiden Name :	-								
Previous name of the student: (In case of changed name)									
Reason for name change: Willingly	/ After Marriage	Marita	I Stat	us: Unmarried / Married /	Divorced / Wie	l bewot	Desert	.ed	
Date of Birth (DD/MM/YYYY):	1 1			Gender : Male / Fema	le				
Place of Birth :			Bloo	d Group (with Rh):					
Religion:				en of (country name) :					
Address for Correspondence			Oitizi	on (country hame).					
01.1	strict :			Tehsil :	City	/Town/Vi	Ilago t		
) Dis	1			TETISII .	City	TOWIDY	nage:		
Address (House No, street/area/suburb etc.)					PIN Code:			$\overline{}$	Т
Permanent Address [Write only if diff	erent than 'Addre	ess for Corr	espoi	ndence']					_
State : Dis	strict :			Tehsil :	City	/Town/Vi	llage :		
Address (House No, street/area/suburb etc.)					•				
					PIN Code:				
Contact Details									
Phone # 1: STD Code :	Phone No.		Ph	one # 2: STD Code:		Phone N	0.		
Mobile Number		Email ID :							
2. Legal Reservation Information S	ection								-
Domicile of State :	Category : Open			If Reserved : SC / ST / DT(/	A) / NT(B) / NT(C) / NT(D) /	OBC/S	SBC	-
Caste: Sub-Cast		Disorder or	menta	allenged : Visually Impaired / S ally Retarded	Speech and / or H	learing Imp	paired / C	Orthope	dic
3. Social Reservation Information S	section (Check (/) whichever is	applica			ection 6.]			
Ex-Serviceman/Ward of Ex-Serviceman Me		ted Family		Member of Project Affected Fam	,				
Active-Serviceman/Ward of Active-Servicema	n.,		\vdash	Member of Earthquake Affected Fa					
Freedom Fighter/Ward of Freedom Fighter			\vdash	Member of Flood/Famine Affective	Family				
Ward of Primary Teacher			\vdash	Resident of Tribal Area		_			
Ward of Secondary Teacher			\vdash	Minority Nature					
Deserted/Divorced/Widowned Women				Handicap Nature					
4. Selected / Opted Papers Section	(Write paper codes of	or Paper Name,							
Year / Semester : 1/3/5/7				nester: 2/4/6/8 (If decided	l in First Seme	ster only)		
1.			1.						
2.			2.						
3.			3.						
4.			4.						
5.			5.	_					
6.			6.	1					
7.			7.						
8.			8.	11//	//				
9.			9.						

PRINCIPAL

Please Turn Over ...

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				Form No.:					
5. Educ	ational Details S	ection: (W	/rite 'YES' in last column, aga on Details are mandatory in	inst the qualifying exam	ination, on basis of which	you are seek	ing admission	n to the said	Off elinw earupp to
	ge Attended :	ouss more.	o comis no mandatory in	any case	Year:		Roll No.		
Name of Examination		University	Name of School/Colle	Date of Passing (DD/MM/	Examination Seat No. (Last)	Degree/ Passing Certificate No.	Grade/Tota Marks Obtained	of	QualifyIng Examination? (YES/NO)
Std. 10th									
Std. 12 th					 				
								+-	-
							-	-	
								+	
6 Guar	dian Information	Santia-	_^					1	<u> </u>
Guardian		Section							
Occupation	on of the Guardian		usiness / Profession / Far	mer / Laborer / Retire	ed Annual Income (Last financial y		rdian (Rs.) :		
	hip of guardian wit				Phone No.		Mot	o. No.	
7. Attac Sr. No.	hed Documents				0=1=1==1.4.27	4.47- 0	T	Attack - d	(Voe/No)
3r. No.		of Document / Certificate				opy (Manda		Attached	(Yes/No)
2		ing Certificate of Std. 10 th ing Certificate of Std. 12 th / Statement of Marks of Std. 12 th					iwy)		
3	Passing Certificate of Std.12 th / Statement of Marks of Std. 12 th Attested True Copy Leaving Certificate Original								
4	Certificate of Caste								
5	Non Creamy Layer				Attested True Co				
6	Affidavit for change	ed name / M	arriage Certificate / Govt.	Gazette					
7	Domicile Certificate	e			Attested True Co	ору			
8	Certificate for Phys	sically Challe	nged		-				
9	=								
10									
G.O.I. A/c					•				
	r Information Se	ction							
Mother To Would you	ngue : I like to apply for Ho	stel : Yes / N		tatus : Employed / Ur	nemployed	Do you	wish to join	NSS : Yes	s / No
	Proficiency and Other								
	d Sports participation college/state/nation		nal etc.)						
	dentification Marks :				2.				
9. Decla	ration by Stude	nt		Time to the same	Married Total			No.	The state of the s
be respons	sible for any discrepa	ancy, arising	related to admission and the out of the form signed by	ne information filled in me I undertake that,	by me in this form is ac in absence of any docu	curate and ment the fir	true to the b	est of my l	knowledge. I will be granted and /
	on will stand cancel. e of the Maharasht		on of Ragging Act, 1999	and I state that I wil	I abide by all the rules	and regul	ations of th	ne said Ad	it.
Place : Date :	DIST.					Signati	ure of the S	tudent	
	aration by Guar								and all the
I have perr with the ru	mitted me son/daugh les and fees, dues to	nter/ward to o my son/da	oin your college. The info ughter/ward and to see that	rmation supplied by to at he/she observes:	nim/her is correct to the	best of my	knowledge.	I have a	cquainted myself
Place : Date :						Signati	ure of the G	Guardian	
	College / Institut	A.,	y / Particulars / Recommo	endations			Clamat		
Designation		Kemarks	i Paruculars i Recomm	EIIGAUONS			Signature	and date	
Admission Admission	n Clerk								
Accountar	nt/Cashler	Cash Red	ceived : Rs.	Receipt No. :		,			1
Registrar/ Superinter								/	
Principal /	Director							1/	

PRINCIPAL
Nutan Mahavidyalaya
SELU Dist. Parbhani