



Shikshan Mandal, Karad.
MAHILA MAHAVIDYALAYA, KARAD.
 Mangalwar Peth, Karad. Dist: Satara
 Affiliated to Shivaji University, Kolhapur

College Code :
 College ID.

For College Use Only	Course Admitted To :	Ph. / Mob. No.	Student Signature
Admission Date : / / 20	email ID :	1194	

Kindly read important notes before filling - in - Form
 1. Use black ink to fill in the form & DO NOT overwrite
 2. Fill in all fields in CAPITAL letters only
 3. Strike - off whichever is NOT applicable E.G. if you are a Male : Gender : Male / Female

Course applied for (e.g. B.A./B.Com./B.Sc./B.C.S./M.Sc./M.A./M.Phil./B.Sc. Bio-Tech (Entire))
 Course Part applied for (e.g. Part 1/2/3)

Applying for Concession EBC / BC / PTC / STC / STG / Freedom Fighter / Military / SS :
 Applying for Concession EBC / BC / PTC / STC / STG / Freedom Fighter / Military :

1. Personal Information Section

Name of the Student: (In case of changed name write current name)	Last Name	First Name	Middle Name
Name of the Student: in Devnagari script			
Name of the student as printed on sld. 10 Passing Certificate			
Father's / Husband's Name:			
Mother's Name:			
Previous name of the Student: (In case of changed name)			
Reason for name change: Willingly /After Marriage			
Date of Birth (DD / MM / YY) / /	Marital Status: Unmarried / Married	Gender: Male / Female	
Place of Birth	Blood Group (with Rh):	Citizen of (country name)	
Religion:			
Address for Correspondence	State: District: Tehsil:	City/Town/Village:	PIN Code:
Address (House no. street/ area etc.):			
Permanent Address (Write only if different than Address for Correspondence)	State: District: Tehsil:	City/Town/Village:	PIN Code:
Address (House no. street/ area etc.):			
Contact Details	Area / STD Code:	Phone No.:	Phone # 1 Area / STD Code: Phone No.:
Phone #1			Email ID:
Mobile number:			

2. Reservation Information
 Domicile of State Sub-caste: Category Open / Reserved If Reserved : SCI ST /DT(A) /NT (B) / NT (C) / NT (D) OC / SBC
 Caste: If Physically Challenged: visually impaired / Speech and /or Hearing impaired/ Orthopedic Disorder or Mentally Retarded

3. Social Reservation Information Section
 Check 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 / Secondary Teacher	Resident of Tribal Area
Deserted / Divorced / Widowed Women	

4. 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 examination)

Name of Examination /University	Name of School / College	Date of Passing (DD/MM/)	Examina-tion on Seat No (Last)	Degree / Passing Certificate No	Grade/ Total Marks Obtained	Out of Examination YES/NO
Sld 10th						
Sld 12th						
Part I						
Part II						
Part III						
M. A.						
M. Sc. II						

5. Selected / OPTed Papers Section (Write paper codes only, in the boxes)					
Compulsory Papers		Optional / Speical Papers			
1.	3	5.	7.	9	
2	4	6	8	10	
5. Selected / OPTed Papers Section (Write paper codes only, in the boxes)					
6. Attached Documents and Certificate Section					
Sr. No.	Name of Document/Certificate	Original / Attested True Copy	Attached (Yes/No.)		
1	Passing Certificate of Std 10th	Attested True Copy			
2	Passing Certificate of Std 12 th statement of marks of Std 12th	Attested True Copy			
3	Leaving Certificate	Original			
4	Certificate of Castewith Category	Attested True Copy			
5	Non Creamy Layer Certificate	Attested True Copy			
6	Affidavit for changed name / Marriage Certificate / Govt. Gazetee	Original / Attested True Copy			
7	Domicile Certificate	Attested True Copy			
8	Certificate for Physically Challenged	Attested True Copy			
9					
10					
7. Guardian Information Section					
Guardian's Name					
Occupation of the Guardian :Service / Business / Profession / Farmer / Laborer		Annual income of the Guardian (Rs.)			
Household Retired		(Last financial year)			
Relationship of guardian with apicant:		Phone No.			
8. Other Information					
Mother Tongue:		Employment Status: Employed / Unemployed		Do you wish to join NCC/ NSS :Yes /No	
Annual income of the Guardian (Rs.) (Last financial year)					
Would you like to apply for Hostel :Yes / No					
Hobbies, Proficiency and Other Interests:					
Games and Sports participation:					
Level (e.g. coflege / state / national / international ec.):					
Personal Identification Marks JT					
9. 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 lundertake that, in absence of any document lthe final admission will not be granted and / or admission will stand cancel. I further declare that I will not involve directly or Indirectly In ragging which 'sana criminal offence punishable by law.					
Place		Signature of the student:			
Date:					
10. 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, (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:					
11. For College / Institute Use Only					
Designation	Remarks / Particulars / Recommendations		Signature and date		
Admission Committee					
Admission Cleark					
Accountant/ Cashier	Cash Received Rs.				
Registrar/Office	Receipt No.				
superintendent					
rincipal / Director					
विद्यार्थी पालक अपघात विमा योजनाअंतर्गत विद्यापीठास पाठवणेसाठी प्रवेशासोबत खालील माहिती भरावी. (सदर माहिती विद्यार्थ्यांनी बिनचूक भरावी.)					
विद्यार्थ्याचे नांव	वय	वर्ग	वारसाचे नांव व नाते	कमावते पालकापैकी एक नांव आई / वडिल	वय