Shree Vithalrao Joshi Charities Trust's COLLEGE OF ADVANCED STUDIES

Shreekshetra Dervan, Tal.-Chiplun, Dist.-Ratnagiri. Pin – 415606. Phone No. 02355 – 264137,264149. .Fax No. 02355 – 264181. E-mail:info@walawalkarhospital.com, 0616office@msbte.com

INSTRUCTIONS FOR FILLING THE FORM -

- Form must be filled by the candidate in his / her own legible handwriting.
- Admissions are provisional based purely on merit & prescribed eligibility norms.
- 3 copies of duly attested required documents must be enclosed.
- Submission of necessary original documents at the time of scrutiny is mandatory.
- Scanned copies of the required documents are to be brought on pen drive or emailed on 0616principal@msbte.com, 0616office@msbte.com (JPG format, 100dpi, less than 200kb)
- A recent colored photo of 3.5x4.5 cm with white back ground bearing signature in the box below should be pasted on the form as wellas a scaned copy (JPG format & size less than 30 kb) with signature must be submitted along with scanned copies of documents.
- Incomplete applications or without necessary documents are likely to be rejected.
- Downloaded application form must be submitted along with DD of Rs.300/- drawn in favor of College of Advanced Studies, Dervan, and Payable at Chiplun.

Paste a recent 3.5x4.5 cm photograph with white background and Signature in the box below. Also submit scanned copy of photo bearing signature along with scanned copies of documents (Refer instructions)

,	FILLED BY THE APPLICANT IN OWN LEGIBLE HANDWRI						
1.	Course applied for: IN BLOCK CAPITAL LETTERS						
•••••			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			
A.	PERSONAL INFORMATION						
1.	Name (As per SSC mark sheet): (IN BLOCK CAPITAL LETTERS)						
Surname	Surname First name			Middle name			
2.	Father / Husband/ Guardians Name:						
		name	First name	Middle name			
3.	Mothar's Name						
3.	Mother's Name: Surname First name		Middle name				
	Simulation	T W St New Ne		, manne			
4.	Date of Birth:/ (In words .)			
5.	Age: Years	6. Gender : Male / Female					
7.	Mother tongue:	8. Annual Income:					
9.	Religion & Caste: 10. Category:						
11.	Aadhaar No. 12. Email:						
13.	Contact No.: Mobile	Landli	ne:				
14.	Address details:						
	Address details: anent:						
_	At Post						
		c. District					
d.State		e. Pin code:					
Corre	espondence:						
a.	At Post			•••••			
b.	Taluka: c. District						
d.	State	e. Pin code:					

15. Educational details

Education	Subject	Passing	Seat No.	Board/Univ	M	arks	Percentage
		Year		/Council	Obtd.	Max.	
SSC/ Matriculation							
HSC-Science/MCVC (Specify if MCVC)							
Degree- B.Sc/ Other (Specify if Other)							
Any other (Specify)							

DECLARATION & UNDERTAKING

I hereby declare that the information given above is true & correct best to my knowledge. I agree to abide by the rules & regulations of the Institute/ Affiliating authorities/ Govt. I shall not participate in any activity that will interfere with maintenance of discipline and order. I also declare that I have not been debarred from appearing any examination held by any government, constituent or statutory examining authority in India. I'm bound to pay the prescribed amount of fees for the admitted course. If any information furnished above is found to be incorrect or my eligibility is unsatisfactory, I am aware that my admission is liable to be cancelled.

Anti-regging: I am aware that any act, which amounts to regging in any form as defined under

Anti ragging: I am aware that any act which amounts to ragging in any form as defined under Maharashtra Prohibition of Ragging Act, 1999 is subject to Disciplinary action under this Code. I assure and undertake that I will not indulge or support any such acts of harassment which amounts to ragging.

Place:							
Date:							
	Student Signature	Parent/ Guardian Signature					
Strictly For Office use only							
i) SSC- (Seat No	YearMarks obtd.	out ofPercent%)					
ii) HSC Science/Mo	CVC (Seat NoYear	_Marks obtd out ofPercent%)					
iii) Degree	.(Seat NoYear	Marks obtdout ofPercent%)					
1. Transfer / M	ures (Tick ✓ the applicable) (igration certificate:	Submission Date : / /20 Sr. No Merit No					
	or College Leaving certificate:	Registration no					
4. HSC: Mar5. SSC: Mar6. Nationality	rk sheet: Passing Certificate.: k sheet Board certificate k sheet Board certificate Domicile certificate	Details of Fees paid (Rs.) Academic					
8. For Reserve	d category: Caste Verification: Caste Certificate	Date: / /20					
	Non creamy layer:	Admission In charge:					
•	Iandicapped Certificate:	Remark: Admitted / Rejected					
-	ate (For discontinuation in study) se gazette: Marriage certificat	Date: / /20					