

**IMPORTANT INSTRUCTIONS**

• Before filling the Application form read the INSTRUCTIONS in the PROSPECTUS carefully. • Write all the particulars in DARK BLUE/BLACK ink & CAPITAL LETTERS clearly and legibly. • Write one letter in each box and leave a blank box between First/Second/Surnames. • Please fill in all details, incomplete form will not be accepted. • Do NOT use ZEROX copy of this Form. • Do not write in STYLISH writing. • Do not use ROMAN Numbers.

**SHIVAJI UNIVERSITY, KOLHAPUR**  
**Examination Form**

7. Space for pasting the photograph

1. <----- PRN Number (2 + 8) ----->		2. Course Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Alpha)	(Numeric)		
3. Exam Month	4. Exam Year	5. Exam Code	6. Course Name
<input type="text"/> 1 = March/May <input type="text"/> 2 = October/December	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. College Code	8. Centre Code	9. Centre Name	10. College Abbrr.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I Heraby certify that Shri/Smt.

has signed on his/her photograph in my presence.

Place \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Designation \_\_\_\_\_

Name in Devnagari \_\_\_\_\_

I wish to apply for \_\_\_\_\_ examination to be held in April / October 200 \_\_\_\_\_

11. Applicant's Full Name in English - Start with Surname (in CAPITALS only)													
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Father's / Husband's First Name in English (in CAPITALS)												14. Sex <input type="checkbox"/> 1 = Male <input type="checkbox"/> 2 = Female	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Mother's First Name in English (in CAPITALS)												15. Religion	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. Caste													
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

17. Applicant's Permanent Address													
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
										Pin	<input type="text"/>	<input type="text"/>	<input type="text"/>
										Phone No.	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. Date of Birth				19. If Backward				20 Migrated (Y/N)				21. Improvement			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 = SC <input type="checkbox"/> 2 = ST <input type="checkbox"/> 3 = DTNT	<input type="checkbox"/> 4 = VJNT <input type="checkbox"/> 5 = OBC <input type="checkbox"/> 6 = Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. RBA/RBCom/RBSc/RMA/RMCom								23 External Registration				Subject Code			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
								(Alpha)				(Numeric)			
(Applicable for M. Com. Student Only)															

Appearing 1 = Yes 0 = No		24. PART <input type="checkbox"/> I	
Theory	25. Subject Code	Subject Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Appearing 1 = Yes 0 = No		26. PART <input type="checkbox"/> II	
Theory	27. Subject Code	Subject Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Details of Last Exam	Exam	Seat No.	Month& year	Centre

Place : \_\_\_\_\_  
Date : \_\_\_\_\_

Student Sign \_\_\_\_\_ Principal Sign & Stamp \_\_\_\_\_