SAVITRIBAI PHULE PUNE UNIVERSITY

E D = 50/			Eligibility	, [No/Admission No. or office use only)
Form fees:Rs.50/-	(For Post Gradua	ite Cours	es//M.Phil./Ph.D.) L		
I wish to apply for the Eli	gibility for the acaden	nic year :	20 20			
1. Name of the Course to) which Admission is	sought:-	0	Y	ear: 1 st	$/2^{\rm nd}/3^{\rm rd}/4^{\rm th}/5^{\rm th}$
2. Name of the Applican Name as per last Mark their Passport.			R.I. Student should	write their	name as	it appears in
3. Mother's Name:		4. A	adhar No.:			
5. Mobile No.:		6. P	AN No.:			
7. Email Id:		8. 1	ype: Maharashtr	ian / Non-	-Maharas	shtrian
9. Nationality:		10. I	Religion:			_
11. Gender: Male/Fema	le/Transgender	12.	Date of Birth:			
13. Category (Tick mark	√ in applicable box)		DE	MM	YYYY	7
Open SC S' If you belong to any of th	T DT(A) NT(B) we Reserve category at	. ,	. ,	SBC Detent Author	SEBC ority in S	EWS Support of it.)
1) Do you belong to DT (If yes submit the Non-C					Yes / N	0
14. Are you Physically I	Disabled? Yes/ No (If yes ple	ease specify type :_)*
15. Particulars of the 1. Name of the Course:						
2.Duration of the Course3.Name of the Universit			_			
4. Name of the College/I	nstitute/University De	ept.:				
Seat No.	Month & Year of F	Passing	Percentag	ge	0	Class/Grade
5. Please specify Educa		any	1			
Last Examination Nar			& Year of Passing	Percen	tage	Class/Grade
	I					

16. Are you belong to the Minority? Yes / No (if yes please specify type which has given below)

Linguistic:

Religion:

Signature of Candidate

Copies of following attested certificates are ar 1. Statement of Marks of the qualifying	5. Caste Certificate (For reserved category students)
examination	6. Caste Validity Certificate (For reserved category
2. Educational Gap Certificate	students)
3. Affidavit for change in name	7. Transfer Certificate
4. Domicile Certificate	8. Migration Certificate (If applicable)

To be filled by College / Institute / University Department

Receipt No.	Date:	Eligible / Not Eligible
Asst.	Sr.Asst.	O.S./ Registrar / HOD

*Physical Disabled Types:

P1	Blind / Visually impaired/ अंध / दुष्टीहीन
P2	Dumb and Deaf / मुकबधिर
P3	Orthopedically impaired/ अस्थिव्यंग
P4	Mentally Challenged/ मतिमंद/ गतीमंद वगैरे
OT	Other Physical disabilities

ANNEXURE 'A' ELIGIBILITY FEE

1. Student passing qualifying examination and seeking admission First Time to First Year of any Degree/Diploma/Certificate (U.G./P.G.) the Eligibility Fee will be as under:

Sr. No.	Particulars	Fees	
		Non- Professional	Professional
1. 2. 3.	Within the State of Maharashtra From outside the State of Maharashtra From any foreign country (Out of India) and (NRI/Foreign Citizen-Foreign National, P.I.O.)	Rs. 300 500 500	Rs. 500 1000 1000
4. 5.	Eligibility Form Fee Equivalence Fee (Per Candidate)	50 500	50 500

- 2. Admission charges for the submission of required documents will be Rs. 300 for Non-Professional courses & Rs. 500/- for Professional courses (Per Student) up to 30 day's from last date prescribed for submission of documents.
- 3. If an affiliated College admits students not eligible and who are migrating from other University/Board and allowing to fill in Examination Form without obtaining Eligibility Certificate, a penalty of Rs.10,000/-per student would be imposed on the College and the performance of Examination of such students will also be cancelled.
- 4. If any affiliated College admits any student not eligible for Under-graduate or Post-Graduate Courses of this University and allows him/her to fill in the Examination Form, a penalty of Rs.5,000/- per student shall be imposed on the College and performance of the examination of such student shall be cancelled.
- 5. The same rule applies to the University Department, Centres/Schools. The Head of University

department/Director of Recognise Institute will have to pay penalty as above in case not

Form fees:Rs.50/-	Application for (For Under Graduate			No/Admission No. for office use only)
wish to apply for the Elig	gibility for the academic year	: 20 20_		
. Name of the Course to	which Admission is sought:	:	Vear 1	$\frac{1}{2}^{st} / 2^{nd} / 3^{rd} / 4^{th} / 5^{th}$
	t (<i>in English Capital Letters</i>) sheet should be mentioned. N	.R.I. Student should w	vrite their name	e as it appears in
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5. Mobile No.:	6.1	PAN No.:		
. Email Id:		Type: Maharashtria	n / Non-Maha	rashtrian
. Nationality:	10.	Religion:		
1. Gender: Male/Femal	e/Transgender 12.	Date of Birth:		
		DD	MM YY	YY
3. Category (Tick mark	/ in applicable box)			
1	Γ DT(A) NT(B) NT(C) e Reserve category attach a co		SBC SEB	
	(A), NT(B), NT(C), NT(D), (reamy layer certificate of a Comp			No
)*
4. Are you Physically I	Disabled? Yes / No (If yes p	blease specify type :		
	Qualifying Examination			
1.Name of the Course:	·			
2.Duration of the Course 3.Name of the University				
	stitute/University Dept.:			
4. Name of the College/Ir	• •			
4. Name of the College/Ir				
4.Name of the College/Ir	Month & Year of Passing	Percentage		Class/Grade
	Month & Year of Passing	Percentage		Class/Grade
Seat No.		Percentage		Class/Grade
	tional gap details if any	Percentage	Percentage	Class/Grade Class/Grade

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Signature of Candidate

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