

Masterwadi Gopcharpada, Next to DIGI - 1 Snehanjali, V. S. Road, Virar (E) Dist. Palghar - 401305. Mobile : 7030604665 / Email : srtvidyamandir2000@gmail.com

	ADMISSIO	N FORM		
PLEASE USE CAPITAL LE	TTERS ONLY			
YEAR F.Y./ S.Y. / T.Y.	STREAMB. A.B. ComB. AF	Enrollment No	s.:	TUDENTS PHOTO
COURSE NAME :				Students Signature
Surname	·			
First/own Name	.			
Father's Name / Husband	's Name :			
Mother's Name	•			
Above Name in Devnaga	ri Script (In Marathi)			
आडनाव	प्रथम नाव	वडिलांचे नाव		आईचे नाव
Complete Postal Address	:			
		P	in Code :	
Date Of Birth :		Place Of Birth :		
Aadhar Card No.:				
Whatsup No. :		Mobile No.:		
Email ID :				

Gender		Caste			Student Type			
Male/Female	e/Female Open / SC /ST / DT/ NT-1 / NT - 2 / NT-3/ OBC / SBC		SBC	Student/ExStudent				
Sr. Subject Code	s Su	bject Name	Medium	Theory N	larks	Practical Project Marks		
Details of Lower								
	Semester							
	n by repeaters eat No.;	Month	B. A. B. Com B. AF Year					
Masterwadi Go Sir, I request pe	rmission to pro	ollege DIGI - 1 Snehanjali, V esent my self for t e accordingly and	he ensuing exa	minatior	n. I hav	ve remitted		
Place :								
Date :		Signature of Student's						
ocuments to be	attached :							
.S.C. Marksheet		S.S.C. Passing Certificate H.S.C Marksheet						
I.S.C Passing Cer	ificate Leaving Certificate Aadhar card Xerox							
ligration Certifie	cate] (for student ou	tside the state	e board c	of Mah	arashtra)		