

SWAMI RAMANAND TEERTH MARATHWADA UNIVERSITY

'Dnyanteerth' Vishnupuri, NANDED-431606 (M.S.)

To be filled in by office

Whether EBC/FF/PTF/Holder
Whether OPEN/SC/ST/VJ/ NT-1/2/3/OBC/SBC
Sub-Centre _____
Elig. Cert. No. _____
And year



ADMISSION FORM

20 -20
Admission No.

Affix
passport
photo

Sr. No. _____ Date: _____

- 1) Class in which admission sought _____
- 2) Name of the Applicant beginning with Surname _____
(To be written in block Capital Letter's)
- 3) Age and Date of Birth _____
- 4) Annual income of family 20 -20 _____
- 5) Parent's or Guardian's Name and Occupation _____
- 6) Correspondence Address _____
- 7) Permanent Address _____

- 8) Details of the previous examination passed _____

Year of passing Semi-I/II-MA _____ Oct _____ Class _____ Division _____
Aggregate Marks obtained out of Semi-I/II _____ Centre _____ Seat No. _____
- 9) College last attended _____
- 10) Whether Employed ? Yes/No. If yes give full details _____

I hereby declare that I shall abide by all the rules of discipline in force from time to time during my stay in the Campus School

Stricket out whichever is not applicable

Signature of the Applicant

To be filled by the Applicant (List of Documents Attached)

	Mark Memo	T.C.	Income Certificate	Caste Certificate	Eligibility
Original	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
True Copy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY

Admitted under Receipt No.

Dated

Amount Recd. Rs.

Signature of Head

Checked by Clerk

Receiver's Signature