

# Shivaji Shikshan Sanstha, Mumbai. Science and Commerce College (Night)

Dr. Ankush Shankar Gawade Marg, Pant Nagar, Ghatkopar (East), Mumbai-75

## ADMISSION FORM

Commerce / F. Y. B. Com / S. Y. B. Com / T. Y. B. Com

Science - F. Y. B.Sc. Computer Science / S.Y. Bsc-C.S./T.Y.Bsc. C.S.

Kindly read important notes before filling-in form: 1. Use Black ink to fill in the form and Do NOT overwrite 2. Fill in all the fields in CAPITAL letters only. 3. Strike-off whichever is NOT applicable E.g. If you are Male > Gender : Male / Female		Form No. <b>1862</b>  students should sign strictly inside this box only with Black ink						
<b>1. Personal Information Section</b>								
Name of the Student <small>In case of Changed name, write current name</small>		Last Name		First Name		Middle Name		
Name of the Student: <small>In Devnagiri Script (Marathi)</small>								
Name of the Student as printed on Std 10 passing certificate:								
Father's / Husband's Name								
Mother's Name								
Previous Name of the Student <small>(In case of changed name)</small>								
Reason for Name change : Willingly / After Marriage				Marital Status : Unmarried / Married				
Date of Birth (DD/MM/YYYY):				Gender : Male / Female				
tick T whether she is the First <input type="checkbox"/> , Second <input type="checkbox"/> , Third <input type="checkbox"/> , Fourth <input type="checkbox"/> child of the Family								
Place of Birth :				Blood Group (with Rh)				
Religion :				Citizen of (Country name)				
Permanent Address (Local)								
Address House No. Street ,Area, etc.								
State :		District		Tehsil		City / Town / Village		
Address for Correspondence (Home Town/Native place)				Nearest Railway Stn.				
				Pin Code				
State:		District		Tehsil		City / Town / Village		
<b>Contact Details</b>								
Resi. Telephone with STD code				Office Telephone with STD Code				
Mobile :				E-mail : I. D.				
<b>2. Legal Reservation Information Section</b>								
Domicile of State :		Category: Open/Reserved		SC <input type="checkbox"/> /ST <input type="checkbox"/> /VJ <input type="checkbox"/> /NT-1 <input type="checkbox"/> /NT-2 <input type="checkbox"/> /NT-3 <input type="checkbox"/> /OBC <input type="checkbox"/> /SBC <input type="checkbox"/> /Open <input type="checkbox"/>				
Caste:		Sub-Caste		If Physically challenged : Visually impaired / Speech and/or Hearing impaired/ Orthopedic Disorder or Mentally Retarded				
<b>3. Education Details Section</b> ( Write 'YES' in last column, against qualifying examination on basis of which you are seeking admission to the said course Write 'NO' in front of other examination.								
Exam Passed	Name of Board University	Name of School/ College	Date of Passing dd/mm/yyyy	Examination Seat No. (last)	Degree Passing Certificate No.	Grade Total Marks Obtained	Out of	Qualifying Examination (YES/NO)
X th								
XI th								
XII th								
F. Y. Degree								
S. Y. Degree								
<b>Shivaji Shikshan Sanstha, Mumbai. Science and Commerce College (Night)</b>								
<b>ADMISSION FORM</b>								
<b>Name of the Student :</b>								

(as per the School Leaving Certificate) (Surname)

(First name)

(Father's / Husband's name)

(Mother's name)

Signature of Receiving authority with date



**4. Attached Documents and Certificate Section**

Sr. No.	Name of Documents / Certificate	Original / Attested True Copy	Attached (Yes / No)
1	Passing Certificate of Std 10th	Attested True Copy	
2	Passing Certificate of Std 12th / Statement of Marks of std 12th	Attested True Copy	
3	Leaving Certificate of Caste with Category	Attested True Copy	
4	Copy of Ration Card	Attested True Copy	
5	Non Creamy layer Certificate	Attested True Copy	
6	Affidavit for changed name / Marriage Certificate / Govt. Gazette	Attested True Copy	
7	Domicile Certificate	Attested True Copy	
8	Certificate for physically challenged	Attested True Copy	
9	Certificate for Caste with Category	Attested True Copy	

**5. Subject Offered**

1)	4)	7)	10)
2)	5)	8)	11)
3)	6)	9)	12)

**6. Guardian Information Section**

Guardian Name:	
Occupation of the Guardian : Service/ Business / Profession / Farmer / Labourer / Retired	Annual Income of Guardian Rs: (last financial year)
Relationship of Guardian with applicant	Phone No.

**7. Other Information Section**

Mother Tongue	Employment Status : Employed/Unemployed	Do you Wish to Join NCC / NSSL Yes/No
Hobbies, Proficiency and other Interest		
Name of Games & Sports Participation: Code : National Level - <input type="checkbox"/> State Level- <input type="checkbox"/> District Level - <input type="checkbox"/> Level (e.g. college / state / national / International etc.): Name of Game :		
Religion if from minority community - 1) Muslim 2) Parashi 3) Christian 4) Boudha.		
Personal Identification Marks:	1 2	

**8. Declaration by Student**

I hereby declare that, I have read the rules related to admission and the information filled in by me in this form is accurate and true to the best of my knowledge. I will be responsible for any discrepancy, arising out of the form signed by me and I undertake that, In absence of any document the final admission will not be granted and/or admission will stand cancelled. I undertake to observe all rules & regulations as laid down or formulated from time to time by the Government / University, and the college management as the case may be. With regard to attendance at lectures tutorials, practices, I categorically and specifically undertake to maintain a minimum of 75% attendance. failing which I understand that I am not eligible to get the terms granted.	
Place	Signature of Student
Date	

**9. Declaration by Guardian**

I have permitted my son/daughter/ ward to join your college. The information supplied by him/her is correct to the best of my knowledge. I have acquainted myself with the rules and fees,, dues to my son/daughter/ward and to see that he/she observes.	
Place	Signature of Guardian
Date	

**10. For College / Institute use only**

Designation	Remarks / Particulars / Recommendations	Signature & Date
Admission Clerk / Cashier	Control ID:	
	Receipt No.: Date: Amount:	
Admission Committee / Authority		
Registrar / Office Superintendent		
Principal / Director		
Remaks		