Estd. 1962
'A' Accredited by NAAC

# B.A./B.Com. (Sem. I to VI) Repeater
## (Only for Manual Forms)
### Application cum Examination form for Academic Year 2017-18

Please paste photo here

Please sign here

PRN

Instruction Medium: Marathi / English  Nationality: Indian

Student's Name: (Surname First)

Mother's Name:  Gender:

Name in Vernacular Language:.....

Address:

City/Village:  Taluka:

District:  State:

PIN:  Telephone No.

Mobile no:  Email :.....

Date of Birth: D D M M Y Y Y Y  Category: .....  Physically Handicap: Yes / No

**Semester :** *[Paper Details: Please select Paper details as per your previous marksheet (FAIL Subject]*

| Sr. No. | Paper Name | Assessment Method Theory |
|---|---|---|
| 1 | ..... | |
| 2 | ..... | |
| 3 | ..... | |
| 4 | ..... | |
| 5 | ..... | |
| 6 | ..... | |

**Semester :** *[Paper Details: Please select Paper details as per your previous marksheet (FAIL Subject]*

| Sr. No. | Paper Name | Assessment Method Theory |
|---|---|---|
| 1 | ..... | |
| 2 | ..... | |
| 3 | ..... | |
| 4 | ..... | |
| 5 | ..... | |
| 6 | ..... | |

**Payment Details:** Amount Received: Rs.  College Receipt No.  Date: / /2017

**To, The Controller of Examination,**

**I had enclosed all Marksheets of previous Examination**

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Date : / /2017

**Student Signature**

**Declaration by Study Center**

This form is carefully scrutinized by the Study Center staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

| Study Center Staff Signature | Seal and Signature of Coordinator, Study Center | Date: / / 2017<br>Place: |
|---|---|---|