



SHIVAJI UNIVERSITY, KOLHAPUR - 416 004 MAHARASHTRA

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शिवाजी विद्यापीठ, कोल्हापूर - ४१६ ००४ - महाराष्ट्र

दूरध्वनी: (ईपीएबीएक्स) २६०९०० सांख्यिकी कक्ष : ०२३१-२६०९१४७.

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जा.क्र./शिवाजी वि./सांख्यिकी कक्ष/विद्यार्थी माहिती/२०२३-२४/ ३५

दिनांक : ०३/१०/२०२३

## परिपत्रक

प्रति,

१. मा. अधिविभागाप्रमुख,

सर्व अधिविभाग,

शिवाजी विद्यापीठ, कोल्हापूर.

२. मा. प्राचार्य / संचालक,

सर्व संलग्नीत महाविद्यालये / मान्यताप्राप्त शैक्षणिक संस्था.

विषय : आपल्या अधिपत्याखालील शासकीय, अशासकीय अनुदानित व कायम विना/अनुदानित महाविद्यालयातील/अधिविभागातील प्रवेशित विद्यार्थी संख्येची प्रवर्गनिहाय माहिती सादर करणेबाबत.

संदर्भ : जा.क्र विशेष कक्ष/२०२३-२४/०८९ दिनांक-२८ एप्रिल, २०२३ रोजीचे परिपत्रक.

महोदय/महोदया,

उपरोक्त विषय संदर्भांकित पत्रास अनुसरून आपणास कळविण्यात येते की, आपल्या अधिपत्याखालील शासकीय, अशासकीय अनुदानित व कायम विना/अनुदानित महाविद्यालयाची / अधिविभागाची शैक्षणिक वर्ष २०२३-२४ मधील प्रवेशित विद्यार्थी संख्येची प्रवर्गनिहाय माहिती पत्रा सोबत जोडलेल्या विवरणपत्रामध्ये तात्काळ पाठवून द्यावी. आपले महाविद्यालय / अधिविभागच्या [unishivaji.ac.in](http://unishivaji.ac.in) च्या ई-मेल आयडीवर परिपत्रक व विवरण पत्र पाठविले असून सदरच्या विवरण पत्राप्रमाणे आपल्या महाविद्यालयातील / अधिविभागातील शैक्षणिक वर्ष २०२३-२४ मध्ये प्रवेशित विद्यार्थी संख्येची माहिती तात्काळ सादर करावी. सदरची माहिती हार्ड तसेच सॉफ्ट कॉपीमध्ये सांख्यिकी कक्षाकडे पाठवून द्यावी ही विनंती.

कळावे.

आपला विश्वासू,

  
कुलसचिव

Name of College/Department:-

AISHE ID(Only for College/Institute):-

Sr. No.	Level (UG/PG/Diploma/Certificate/ Integrated/PG-Diploma)	Course Name (e.g. B.A. , B.Com., B.Sc. etc.)	Course Duration	First Year approved Intake Capacity (eg. 20/30/40/50 /60/80/120 not more than 120)	No. of Divisions	
					Granted	Non – Granted

Note: Please don’t provide all division or all parts intake together. Just provide approved one division intake for first year so that based on duration of course and number of divisions total intake will get calculated.

M: Male    F: Female

Sr. No	Name of the Course/Faculty	Intake Capacity	Status	SC		ST		VJA		NTB		NTC		NTD		OBC		EWS		OPEN		Total			
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
1.																									
	B.A. I		Applied																						
			Admitted																						
	B.A. II		Admitted																						
	B.A. III		Admitted																						
	Total																								
	M.A.I		Applied																						
			Admitted																						
	M.A.II		Admitted																						
	Total																								
	M.Phil.		Applied																						
			Admitted																						
	Ph.D.		Applied																						
			Admitted																						
	Total																								
2.																									
	B.Com. I		Applied																						
			Admitted																						
	B.Com. II		Admitted																						
	B.Com. III		Admitted																						
	Total																								
	M.Com.I		Applied																						
			Admitted																						
	M.Com.II		Admitted																						
	Total																								
	M.Phil.		Applied																						
			Admitted																						
	Ph.D.		Applied																						
			Admitted																						
	Total																								

While filling the admission proforma, it should be noted that the reservation of SBC candidates should be shown in the OBC column. As such the reservation figure of SBC candidates should add to that effect.

[illegible]

[illegible][illegible]

[illegible][illegible]

[illegible]

Sr. No	Name of the Course/Faculty	Intake Capacity	Status	SC		ST		VJA		NTB		NTC		NTD		OBC		EWS		OPEN		Total		
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	M.Phil.		Applied																					
			Admitted																					
	Ph.D.		Applied																					
			Admitted																					
	Total																							
9.																								
	B.Pharm. I		Applied																					
			Admitted																					
	B.Pharm. II		Admitted																					
	B.Pharm. III		Admitted																					
	B.Pharm. IV		Admitted																					
	Total																							
	M.Pharm. I		Applied																					
			Admitted																					
	M.Pharm.II		Admitted																					
	Total																							
	M.Phil.		Applied																					
			Admitted																					
	Ph.D.		Applied																					
			Admitted																					
	Total																							
10.																								
			Applied																					
			Admitted																					
			Admitted																					
			Admitted																					
Total																								
11.																								
			Applied																					
			Admitted																					
	Total																							

PRINICIPAL / DIRECTOR/ HEAD OF DEPT.



**Minority Students Information**

**2023-2024**

College/Department Name: -----

Sr. No	Name of the Course/Faculty	Part	Muslim		Jain		Christian		Sikh		Navboudh		Parshi		Total	
			M	F	M	F	M	F	M	F	M	F	M	F	M	F
1.																
2.																
3.																
4.																
5.																

PRINICIPAL / DIRECTOR/ HEAD OF DEPT.

Physically Handicapped Student Information

2023-2024

College/Department Name: -----

Sr. No	Name of the Course	Part	Blind		Hearing Disabled		Ortho Impaired		Mental Impaired		Any other please specify		Total	
			M	F	M	F	M	F	M	F	M	F	M	F
1.														
2.														
3.														
4.														
5.														

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**Foreign Students Information**  
**2023-2024**

College/Department Name: -----

**B1 : Foreign Students**

Sr.No.	Country Name	Name of the Course	Part	Male	Female	Total

In case if no Foreign Students are enrolled nil report is to be sent.

**Other State / Other University Students Information**  
**2023-2024**

**Other state students (Course wise)**

Sr.No.	State Name	Name of the Course	Part	Male	Female	Total
1.						
2.						
3.						
4.						
5.						

In case if no other state or other University Students are enrolled nil report is to be sent.

**Other University Students**

Sr.No.	Other University Name	Name of the Course	Part	Male	Female	Total
1.						
2.						
3.						
4.						
5.						

PRINICIPAL / DIRECTOR/ HEAD OF DEPT.

# HOSTEL ADMISSION PROFORMA

2023-2024

College/Department Name: -----

Name of the Hostel	Hostel Intake Capacity	Status	SC		ST		VJA		NTB		NTC		NTD		OBC		EWS		OPEN		Total	
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
		Applied																				
		Admitted																				

In case the Hostel Accommodation is not available nil report is to be sent.

If applications of B.C. Candidates are rejected then state the reasons thereof.

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