

No.

**SHIVAJI UNIVERSITY, KOLHAPUR****Form of application of Registration as a Post-graduate student (By Papers)**

(The Registration fee of Rs. 50/- to be paid in cash in the College and the College should send the fee along with the Registration form to the University Office.)

The Registrar  
Shivaji University,  
Kolhapur.

Sir,

I request that my name be registered as a Post-graduate student studying for the \_\_\_\_\_  
Degree in the subject \_\_\_\_\_ I therefore, wish to seek admission  
in \_\_\_\_\_  
(Name of the College)

**Personal Details**

Name in full : Shri/Smt./Kum. \_\_\_\_\_  
(In Capital Letters) (Surname) (OWN NAME)(FATHERS/HUSBAND'S NAME/MOTHER'S NAME)  
Present Address: \_\_\_\_\_  
Permanent Address : \_\_\_\_\_  
Male or Female : \_\_\_\_\_ Race/Religion \_\_\_\_\_

## Details of Bachelor degree held by the applicant

Name of the exam. of Bachelor Degree Passed	Month & Year of Passing	Class Obtained	Name of the University	Name of the College

I hereby give an undertaking that –

- 1) I have not passed the examination for the said degree in the same subject of this University or of any other University. My name has been registered as a student for any other degree or Diploma course or for any other branch of the said Degree Course.
- 2) I shall abide by the rules of the University that may be made applicable to the Post-graduate students of the University from time to time.

Yours faithfully

(Signature of the student)

to be filled in by the College

The student Shri./Smt./Kum. \_\_\_\_\_  
has been admitted in \_\_\_\_\_ Class during 20 \_\_\_\_ -20 \_\_\_\_ /

Date :

Place :

Signature of the  
Principal/Director  
of the College/Institute

\_\_\_\_\_  
(Name)