



SHIVAJI UNIVERSITY, KOLHAPUR
CENTRE FOR DISTANCE EDUCATION
Admission Form
2020- 2021

Photo
Signature

Course : _____ **Subject** : _____

Study Center : _____

1. Personal Information

Student's Name : _____
 Mother's Name : _____ Date of Birth : DD/MM/YYYY
 Gender [M/F] : _____ Physical Disability [Yes/No] _____
 Religion : _____ Caste _____ Sub-Caste _____
 Reservation Category : _____ Student Category : _____
 Adhar No. : _____ Nationality : _____

2. Permanent Address

Village/City : _____ Tehsil : _____ District : _____ State _____
 Address _____
 : _____
 Pin Code : _____
 Mobile No. : 1. _____ 2. _____ Email ID : _____

3. Bank Detail : Bank Name _____ Account No. _____
 IFSC Code _____ Branch _____

4. Previous Exam Details :

Exam Name	Board/University Name	Year	Month	Seat No.	Percentage

1. Subject Details : Medium _____

Sem. 1 Subject Code	Subject Name	Sem.2 Subject Code	Subject Name

5. Attached Document and Certificates (Please tick the document that you have attached to this form)

- Passing Certificate of Std. 10th Graduation Statement/Certificate
 Statement of Marks 12th TC/MC

Office use only :

Fee Payment Details

Receipt No. ----- **Date.** ----- **Amount.** -----

Study Centre Signature **Seal & Signature of Co-ordinator, Study Centre** **Date: DD/MM/YYYY**