



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