SAVITRIBAI PHULE PUNE UNIVERSITY



Application for Eligibility

Form fees:Rs.50/- (For Post Graduate Courses//M.Phil./Ph.D.)

Roll No/Admission No. (for office use only)

Name of the Applicant (in Name as per last Mark she their Passport.			R.I. Stude	ent should	write the	ir name as	s it appears in
. Mother's Name:		4. A	adhar N	0.:			
5. Mobile No.:			AN No.:				_
. Email Id:		8. T	ype: M	aharashtr	ian / Noi	n-Maharas	shtrian
. Nationality:		10. I	Religion:				_
1. Gender: Male/Female/	Гransgender	12.	Date of l	Birth:		_	
3. Category (Tick mark √ in	n applicable box)			DE) MM	YYYY	<i>[</i>
1) Do you belong to DT(A) (If yes submit the Non-Creat 4. Are you Physically Disa	my layer certificate o	f a Compe	etent Auth	ority in sup	pport of it.).		o _)*
15. Particulars of the Qu 1.Name of the Course:							
2.Duration of the Course: 3.Name of the University:							
	tute/University De	pt.:					
4. Name of the College/Insti		assing		Percentag	ge		Class/Grade
4.Name of the College/Insti	Month & Year of P					•	
			& Year of	· .		ntage	Class/Grade

Copies of following attested certificates are annexed to application form

- 1. Statement of Marks of the qualifying examination
- 2. Educational Gap Certificate
- 3. Affidavit for change in name
- 4. Domicile Certificate

- 5. Caste Certificate (For reserved category students)
- 6. Caste Validity Certificate (For reserved category students)
- 7. Transfer Certificate
- 8. Migration Certificate (If applicable)

To be filled by College / Institute / University Department

Receipt No. Date: Eligible / Not Eligible

Asst. Sr.Asst. O.S./ Registrar / HOD

*Physical Disabled Types:

P1	Blind / Visually impaired/ अंध / द्रुष्टीहीन
P2	Dumb and Deaf / मुकबधिर
P3	Orthopedically impaired/ अस्थिव्यंग
P4	Mentally Challenged/ मतिमंद / गतीमंद वगैरे
OT	Other Physical disabilities

ANNEXURE 'A' ELIGIBILITY FEE

1. Student passing qualifying examination and seeking admission First Time to First Year of any Degree/Diploma/Certificate (U.G./P.G.) the Eligibility Fee will be as under:

Sr.	Particulars	F	ees
No.		Non- Professional	Professional
1. 2. 3.	Within the State of Maharashtra From outside the State of Maharashtra From any foreign country (Out of India) and (NRI/Foreign Citizen-Foreign National, P.I.O.)	Rs. 300 500 500	Rs. 500 1000 1000
4. 5.	Eligibility Form Fee Equivalence Fee (Per Candidate)	50 500	50 500

- 2. Admission charges for the submission of required documents will be Rs. 300 for Non-Professional courses & Rs. 500/- for Professional courses (Per Student) up to 30 day's from last date prescribed for submission of documents.
- 3. If an affiliated College admits students not eligible and who are migrating from other University/Board and allowing to fill in Examination Form without obtaining Eligibility Certificate, a penalty of Rs.10,000/-per student would be imposed on the College and the performance of Examination of such students will also be cancelled.
- 4. If any affiliated College admits any student not eligible for Under-graduate or Post-Graduate Courses of this University and allows him/her to fill in the Examination Form, a penalty of Rs.5,000/- per student shall be imposed on the College and performance of the examination of such student shall be cancelled.
- 5. The same rule applies to the University Department, Centres/Schools. The Head of University
 - department/Director of Recognise Institute will have to pay penalty as above in case not eligible candidate is allowed to fill in the University Examination form.

SAVITRIBAI PHULE PUNE UNIVERSITY



Form fees:Rs.50/-

Application for Eligibility

(For Under Graduate Courses only)

Roll No/Admission No. (for office use only)

	hich Admission	is sought:			Y	ear: 1st	2 nd /3 rd /4 th /5
2. Name of the Applicant (in Name as per last Mark she their Passport.			R.I. Student	should w	vrite their	name as	it appears in
3. Mother's Name:	ner's Name: 4. Aadhar No.:						
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. Nationality:		10. I	Religion:				_
1. Gender: Male/Female/	Transgender	12.	Date of Bir	th:			
3. Category (Tick mark √ in	n applicable box)		DD	MM	YYYY	7
Open SC ST If you belong to any of the I	DT(A) NT(/ /	` /			SEBC	
4. Are you Physically Dis			ease specify	type :)*
15. Particulars of the Qu	ıalifying Examii	nation					
1. Name of the Course:	alifying Exami					-	
						-	
1.Name of the Course:2.Duration of the Course:						-	
1.Name of the Course:2.Duration of the Course:3.Name of the University:		Dept.:	_	centage			Class/Grade
1.Name of the Course: 2.Duration of the Course: 3.Name of the University: 4.Name of the College/Institution Seat No.	itute/University	Dept.:	_			(class/Grade
Name of the Course: Duration of the Course: Name of the University: A.Name of the College/Institution	itute/University	Dept.: of Passing	_	rcentage	Percen		Class/Grade

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