Sinhgad Technical Education Society's

SOU. VENUTAI CHAVAN POLYTECHNIC, PUNE



S. No. 44/1, Vadgaon (Bk.), Off Sinhgad Road, Pune - 411 041. Telefax - (020) 24354751.

ADMISSION FORM

Form No.:

Name and Signature of Parent

First Year of Post SSC Diploma Course in Engineering / Technology

Academic Year 20	- 20	Shift:	Bra	nnch:				
1) Student's Name	(Name as it appears o	on the Std. X Marks Sheet	to be written	in the Block L	etters)			
A) Mother's Name Affix Photo								
2) Address for Correspondence (Parent's Address)								
			••••••	••••••	• • • • • • • • • • • • • • • • • • • •			
			F	'in Code				
Cell No. Parent's			Studen	t's				
Parent's Ph. No. v	vith STD Code: ((R)		(O)				
Student's E-mail ID								
3) Gender: Male	Female	Date of Birth:			Blo	ood Group:		
4) Category (SC / ST	/ VJ / DT / NT1 /	NT2 / NT3 / OBC / SI	BC / OPEN)	Cas	ste:		
5) Std. X Exam Marks Std. X Exam Seat No.								
	Marks Obtaine	d Maximum Marks	Grand	Marks Ob	otained	Maximum Marks		
1. Mathematics			Total					
2. Science								
6) Std. XII Exam Marks Std. XII Exam Seat No.								
Vocational	Marks Obtaine	d Maximum Marks	Grand	Marks Ob	otained	Maximum Marks		
			Total					
7) Application ID No.:								
8) Aadhar Card No.: (CAP/Instt. Level)								
Attached Documents	(Please Tick)							
Minimum Documents	s Required:	Other D	ocuments (i	f Applicable):			
1) Original Mark Sheet of 2) Original Mark Sheet of			-	ertificate (For 0		lidates). ificate (SC/ST/VJ/DT).		
3) Original School Leavir		<u> </u>			-	/NT 2/NT 3/SBC/OBC).		
4) Original Institute Allotment Letter from DTE, Mumbai. 9) Certificate of Indian Nationality. 5) Aadhar Card Photo Copy 10) Domicile Certificate.								
	1.7	· ·			affidavit on	Stamp Paper of Rs. 100/-		
Date :								

Name and Signature of Student

Place:

UNDERTAKING: ACADEMIC YEAR 20 - 20

(To be given by Parent / Legal Guardian)

In lieu of S	Sou. Venutai Chavan Polytec	hinc, Pune, c	onsidering tl	ne application of
(Student's Name)	Mr. / Ms			
son /daughter of	(Father's Name) Mr			
residing at (Perm	anent Address)			
for admission to	First Year Diploma in (Brand	ch)		Shift :
I Mr./Ms.	(Parent/Legal Guardian Nai	me)		
of (Student's Nar	ne) Mr. / Ms			
hereby agree to p	ay Interim Fees prescribed b	y the Shiksha	ın Shulka Saı	niti.
&/or fees decided year, then I will p	d by the Shikshan Shulka San	niti are more t ute on demar	than the internd. I shall als	evelopment) and other charges rim fees for the current academ to pay the fees and other charge from time to time.
I	agree.		Ιa	agree.
()	()
•	the Student	<u> </u>		the Parent
	ACADEMIC PERF	ORMANCE	UNDERTAI	KING
I hereby unde	rtake the following:			
1) I (Student's N	ame) Mr. / Ms			
student of Fir	st Year Diploma in (Branch)			_
	will attend all theory			
2) I will appear i	for all the class tests and will	pass with mi	nimum 50%	marks.
	any sort of common off and	_		
4) I will follow a	ll the rules and regulations l	aid down by	the Institute	and MSBTE from time to time.
If I fail to ab	_	I know that I	will not be a	detained as per MSBTE norn llowed to appear for the MSBT ar of my academic career. I agree.
Date:	Signature of the S	tudent	(Sign of the Parent
		GING UND	EDTAVINO	
I (Student's Na	ame) Mr. / Ms			
hereby underta I shall be giver	·	ging by me c explanation i	comes to the i	notice of the institute authority
				I agree.
Date:	Signature of the S	tudent	(Sign of the Parent