SAVITRIBAI PHULE PUNE UNIVERSITY



**Application for Eligibility**

Roll No/Admission No.

**(for office use only)**

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

I wish to apply for the Eligibility for the academic year : 20 - 20

1. **Name of the Course to which Admission is sought:**

Year: 1st / 2nd / 3rd / 4th / 5th

1. **Name of the Applicant (***in English Capital Letters***)**

Name as per last Mark sheet should be mentioned. N.R.I. Student should write their name as it appears in their Passport.

1. **Mother's Name:**

5. Mobile No.:

7. Email Id:

9. Nationality:

4. Aadhar No.:

6. PAN No.:

**8. Type:** Maharashtrian / Non-Maharashtrian

1. **Religion:**
2. **Gender:** Male/Female/Transgender **12. Date of Birth:**

DD MM YYYY

1. **Category** (Tick mark √ in applicable box)

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Open SC ST DT(A) NT(B) NT(C) NT(D) OBC SBC SEBC EWS

*(If you belong to any of the Reserve category attach a certificate of a Competent Authority in Support of it.*)

1) Do you belong to DT(A), NT(B), NT(C), NT(D), OBC, SBC, SEBC or EWS? Yes / No

(*If yes submit the Non-Creamy layer certificate of a Competent Authority in support of it.).*

1. **Are you Physically Disabled?** Yes/ No ( If yes please specify type : ) **\***

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| **15. Particulars of the Qualifying Examination**   1. Name of the Course: 2. Duration of the Course: 3. Name of the University: 4. Name of the College/Institute/University Dept.: 5. **Please specify Educational gap details if any** | | | | | | |
|  | Last Examination Name | Seat No. | Month & Year of Passing | Percentage | Class/Grade |  |
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**16. Are you belong to the Minority?** Yes / No ( if yes please specify type which has given below)

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| Seat No. | Month & Year of Passing | Percentage | Class/Grade |
|  |  |  |  |

Linguistic: Religion:

Signature of Candidate