## SOLAPUR UNIVERSITY

	Solapur - Pur	ne Highway , Solap	our - 413255, Maharashtra (Ind	lia)	
Applie Branch	cation Form f name:	or	Examination, NOV	DEC 2010	
To, The COE, SOLAPUR UN Sir, I request the permission t papers mentioned below.	o present myseli	lapur.	Form No.  n to be held in NOV/DEC 20	10 for the	
PRN: C	College :				
Personal Information					
Full Name :			N	Iother's Name :	
Write Name in Devanag	gari (Marathi) :				
	OOB:	Religion:	Caste :	Category :	
Address for Correspond	lence :				
Pin Code: Telephone No.: Subject Opted for the Examination		lo.:	E-Mail :		
Part Subject Name			Part Subject 1	Name	
					<i></i>
Details of last Exam					
Exam:		Seat No. :	Month &	Year:	
Fees Details :					
Documents Attached					
1. 2.					
3.					
Declaration: I here by dec			<del>-</del>	prretct to the best of my knowledge an	d belief.
I understand that in the even	it of any informati		or incorrect, my candidature is lint's Signature (Please sign	able to be cancelled or reject.  Principal's Signature & Seal	(Planco
Place:	Date :		y in the box shown below)	sign in the box shown belo	
Specimen Signature:					