
		PUNYASHLOK AHILYADEVI HOLKAR SOLAPUR UNIVERSITY SOLAPUR Solapur PuneNationalHighway,Solapur 413255,Maharashtra(India) College Name : Application Form March/Oct 20 Examination				Identity size photo paste here	
To, The DBEE, PAHSUS, I request the permission to present myself at the <input type="text"/> Exam to be held in March/Oct 20 for the papers mentioned below.				Exam Fee - Cap/mod - Stat - Total -			
College Code:							
Personal Information:							
Full Name:				Mother`s Name :			
Name in Devanagari (Marathi):							
Gender:		DOB:		Religion:		Cast:	
Category:							
Address for Correspondence:							
Pin Code:		Contact No:			E-Mail:		
Sub-Code	Subject Name -	Theory	Sub-Code	Subject Name -	Theory		
		<input type="checkbox"/>			<input type="checkbox"/>		
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		<input type="checkbox"/>			<input type="checkbox"/>		
Details of last Exam:							
Exam:		Seat No:		Month& Year:		Center:	
Documents Attached:							
1.						<input type="checkbox"/>	
2.						<input type="checkbox"/>	
3.						<input type="checkbox"/>	
4.						<input type="checkbox"/>	
Declaration: I hereby that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.							
Place:		Date:		Student`s Signature:		Principal`s Signature& seal	
Staff Signature:							