

## PUNYASHLOK AHILYADEVI HOLKAR SOLAPUR UNIVESITY, SOLAPUR





## **Skill Development Centre**

## **Admission Form**

Application form for Admission to Skill Development Course with registration fee of Rs. 10/-

To,			
The Co-ordinator			
Punyashlok Ahily	Photo		
Solapur University	y,		
Solapur-413225		EVELOPMENT	
Sir,		Oka Ability Competer	
I request that l	may be admitted to	the Skill Development Centre in the	e course of
at the affiliated co	llege/ institute/Unive	ersity School name	
Place	SHIOK	e year 20 - 20 .	Yours faithfully,
Date		HOLKAR SO	Signature of the applicant)
PARTICULARS (	OF THE STUDENT		
1. Name in full (in	n BOLCK LETTER	S, beginning with surname)	
Surname	Name	Father's / Husband's	Mother's Name
2. Name in Devan	gari (मराठी)		
3. Address for cor			
4. Permanent addr		er & E-mail ID	

<b>5.</b> Religion:	caste:	
<b>6.</b> Nationality:		
	such a certificate is no	BC / SBC / SEBC/EWSIf other attached it will be presumed that the student out will be entertained.
8. Minority Status : YES / NO	Give Type :	: Religious / Linguistic
9. Date of Birth:	In Words :	
<b>10.</b> Male / Female / Other :		
11. Married / Unmarried		
<b>12.</b> I have paid the admission fee of Rs		by cash / Demand Draft/ e - Transfer
(Encl. : D.D. No	Bank:	dt
Cash Receipt No	dt	)
13. Particulars of the Educational Backgr	cound:	
	chool:out of	Percentage
<ul><li>a) Relation with the applicant (If he is n</li><li>b) Annual income from all sources :</li></ul>		
The above information is correct.		
Date:		(Signature of the candidate)

## Note:-

- i) Attested copies of the statements of marks of SSC/ B.C.A./ B.A./ B.Com./ any other course must be attached.
- ii) Incomplete application in this regard will not be considered.