

Tilak Maharashtra Vidyapeeth

Gultekdi Pune -37

Schedule of BHMCT Entrance exam

Filling the form - 20th April 2019 to 20th May 2019

Entrance Exam - 27th May 2019

Declaration of Result - 6th June 2019

Form No. :

Aadhaar Card No.

Particulars of the DD : No. _____ Bank Name : _____ Date : _____

Exam Seat No.

Amount Rs. : _____ Receipt No. _____ Date : _____ Sign. : _____

Exam Centre



Tilak Maharashtra Vidyapeeth

(Established under section 3 of UGC Act 1956 vide Notification No. F-9-19/85-U-3 dated 24th April 1987 by the Government of India)

Gultekadi, Pune - 411 037.

ENTRANCE EXAMINATION FORM

Year : 20 - 20

Photo

Name of the Course : **BHMCT / B.P.T. / M.B.A. / M.C.A. / Nursing / MSW**

Full Name :
(Capital letters)

_____	_____	_____	_____
Surname	First Name	Father's/Husband's Name	Mother's Name

Full Name :
(In Devnagari)

_____	_____	_____	_____
Surname	First Name	Father's/Husband's Name	Mother's Name

Local Address :
(Capital letters)

_____	_____	_____	_____
			Pin : _____

Telephone No.

Mobile No. :

E-mail Address

Date of Birth :

D	M	Y
_____	_____	_____

Age :

Sex :

Male	Female
_____	_____

Marital Status :

Married	Unmarried
_____	_____

Qualification : XIIth / XIIth Sc. with PCBE, PCM /

_____ %

M.A./M.Com./M.Sc.

_____ %

Any Other : _____ %

B.A./ B.Ed. /B.C.A./ B.Com./B.Sc./G.D. Art / A.T.D.

_____ %

Religion

Nationality

Employed / Unemployed

Caste :

SC	ST	NT	OBC	OPEN
_____	_____	_____	_____	_____
SBC	VJNT	OTHER		
_____	_____	_____		

In the event of any of the above mentioned information being found incorrect or misleading, my candidature shall be liable to cancellation by the Vidyapeeth at any time and I shall not be entitled for refund of any fees paid by me.

Checked by :

Date :

Candidate's Signature

Full Name : _____ Exam Centre : _____

Name of Program : BHMCT / B.P.T. / M.B.A. / M.C.A. / Nursing / MSW

Sign of /IC Adm. Section