

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 I/C Adm. Section