

Form 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 24<sup>th</sup> 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 : XII<sup>th</sup> / XII<sup>th</sup> 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

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