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|    |  | <b>S.A.P.D.J. Pathshala'S</b><br><b>WALCHAND COLLEGE OF ARTS &amp; SCIENCE</b><br><b>(AUTONOMOUS), SOLPAUR</b><br><b>Examination, OCT-NOV /MAR-APR</b> |  | photo  |
| <b>Application Form for</b><br><b>Branch name:</b>  |  | <b>Form No.</b>  |  |  |
| To,<br>The COE, WALCHAND COLLEGE, Solapur.  |  | Form No.   |  |  |
| Sir,<br>I request the permission to present myself at the papers mentioned below.   |  | exam to be held in Oct/Nov 20 for the Mar/April  |  |  |
| <b>PRN :</b>  |  | <b>Roll No :</b>   |  |  |
| <b>Personal Information</b>   |  |  |  |  |
| <b>Full Name :</b>  |  |  | <b>Mother's Name :</b>   |  |
| <b>Write Name in Devanagari (Marathi) :</b>   |  |  |  |  |
| <b>Gender : MALE</b>  |  | <b>DOB :</b>   | <b>Religion :</b>  | <b>Caste :</b>   |
| <b>Category :</b>   |  |  |  |  |
| <b>Address for Correspondence :</b>   |  |  |  |  |
| <b>Pin Code :</b>   |  | <b>Mobile No. :</b>  |  | <b>E-Mail :</b>  |
| <b>Subject Opted for the Examination</b>  |  |  |  |  |
| <b>Sem -</b>  |  | <b>Subject Name</b>  | <b>Sem-</b>  | <b>Subject Name</b>  |
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| <b>Details of last Exam</b>   |  |  |  |  |
| <b>Exam :</b>   |  | <b>Seat No. :</b>  |  | <b>Month &amp; Year :</b>  |
| <b>Fees Details :</b>   |  |  |  |  |
| <b>Documents Attached</b>   |  |  |  |  |
| 1.  |  |  |  |  |
| 2.  |  |  |  |  |
| 3.  |  |  |  |  |
| <b>Declaration :</b> I here by declare 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 reject. |  |  |  |  |
| <b>Place : Solapur</b><br><b>Date:</b>  |  | <b>Concern Staff</b><br><b>Signature _____</b>   | <b>Student's Signature (Please sign</b><br><b>strictly in the box shown below)</b> | <b>Principal's Signature &amp; Seal (Please</b><br><b>sign in the box shown below)</b> |
| <b>Specimen Signature:</b>  |  |  |  |  |