



Godavari Foundation's Dr. Ulhas Patil Law College, Jalgaon.

APPLICATION FOR ADMISSION

For College use only →	Course admitted to : _____	Division Roll No. _____	Form No.: 129	Please paste a passport size (35mm X 45 mm) Photograph here] Do NOT staple. Photo should not exceed the borders
	Admission date : / /			
Important Instructions to Students : 1. Use black ink to fill in the form and DO NOT overwrite. 2. Fill in all fields in CAPITAL letters only. 3. Put (✓) whenever applicable			Student should sign strictly inside this box only with black ink ↑	

Course Applied for (e.g.B.A. / B.Com./ B.Sc./B.Ed./BE)	
Course Part or Semester applied for (e.g.FY/SY/TY/BE-SEM-I / II / III / IV) (FYBA / SYBA/FE/MA-I / FYBA-SEM-I)	

Applying for Concession EBC/ SC/ ST/ NT/ OBC/ SBC/
 PTC/ STC/ Freedom Fighter/ Ex Service Man

1. Personal Information Section

	Last Name	First Name	Middle Name
Name of Student : <small>In case of Changed name] write current name</small>			
Name of Student :(In Devnagari Script)			
Name of Student as printed on std 10 Marksheet <small>(Write the name as it should appear on the marksheet)</small>			
Father's/ Husband's Name :			
Mother's Name :			
Previous name of the student : <small>(In case of changed name)</small>			

Reasons for name change : <input type="checkbox"/> Willingly / <input type="checkbox"/> After marriage	Marital status : <input type="checkbox"/> Unmarried / <input type="checkbox"/> Married/ <input type="checkbox"/> Divorced/ <input type="checkbox"/> Widowed/ <input type="checkbox"/> Deserted
<small>(Check (✓) whichever is applicable)</small>	<small>(Check (✓) whichever is applicable)</small>

Date of Birth (DD/MM/YYYY) : / /	Gender : <input type="checkbox"/> Male / <input type="checkbox"/> Female
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Place of Birth .	Blood Group (with Rh) :
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Religion :	Citizen of (Country Name) :
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Address for Correspondence

State :	District:	Tehsil:	City / Town / Village :
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Address (House no. street/area/suburd etc) :	Pin Code
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Permanent Address : [Write only if different from 'Address for Correspondence']

State :	District:	Tehsil:	City / Town / Village
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Address (House no/ Street/area etc):	Pin Code
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Contact Details	Phone # 1 :	STD Code:						Phone No.				
	Phone # 2 :	STD Code :						Phone No.				

Mobile No	+									E-Mail ID:	
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Form No.

6. Guardian Information Section

Guardian's Name :

Occupation of the Guardian Service Business / Profession / Farmer / Labourer/ RetiredAnnual Income of the Guardian (Rs.) (Last
Financial year)

Relationship of guardian with applicant :

Phone No.

7. Attached Documents and Certificates Section

Sr. No.	Name of Document/ Certificates	Original/ Attested True Copy	Attached (yes/ No)
1.	Make sheet of std 10 th	Attested True Copy (Mandatory)	
2.	Make sheet of std 12 th	Attested True Copy	
3.	Leaving Certificate	Original	
4.	Certificate of Caste with Category	Attested True Copy	
5.	Non Creamy layer Certificate	Attested True Copy	
6.	Affidavit for changed name/ Marriage Certificate/ Govt. Gazette		
7.	Domicile Certificate	Attested True Copy	
8.	Certificate for Physically Challenged	Attested True Copy	
9.			
10.			
11.			

8. Other Information Section

Mother Tongue:

Employment Status: Employed/
 UnemployedDo you wish to join NCC/ NSSWould you like to apply for Hostel:

Hobbies Proficiency and Other Interests:

Games and Sports participation Level :

(e.g. college/ State/ national/ international etc.) :

Personal identification Marks :

1.

2.

9. Declaration by Student

I hereby declare that I have read the rules related to admission and the information filled in by me in this form is accurate and true to the best of my knowledge. I will be responsible for any discrepancy, arising out of the form signed by me and I undertake that, In absence of any document the final admission will not be granted and/ or admission will stand cancel.

I am aware of the Maharashtra prohibition of Tagging Act, 1999 and I state that I will abide by all the rules and regulations of the said Act.

Place :

Date :

Signature of student

10. Declaration by Guardian

I have permitted my son/daughter ward to join your college. The information supplied by him/her is correct to the best of my knowledge. I have acquainted myself with the rules and fees, dues to my son/daughter/ward and to see that he/she observes.

Place:

Date :

Signature of Guardian

11. For College/Institute Use only

Designation	Remarks/Particulars / Recommendations	Signature and date
Admission clerk		
Admission Committee	Cash Received Rs. <input type="text"/> Receipt No. <input type="text"/>	
Account/ Cashier		
Registrar / Office Superintendent		