

Shree Vidyadham Education Society, Pune

Chanakya Junior College

HSC INDEX No. J1110014

(Science | Commerce)

U-DICE No.27251009229

Contact: 020 22922900

CHEMISTRY

PHYSICAL EDUCATION

E.V.S

Pirangut, Pune - 412 115

email- chanakyagurukul@gmail.com

APPLICATION FOR ADMISSION F.Y.J.C. / S.Y.J.C. SCIENCE

Academic Year - 20 20				FORM NO			
CANDIDAT	TE NAME:						
(As Per 10 th	^h Marksheet)	(SURNAME) (1	FIRSTNAME)	(MIDDL	E NAME)	PHOTO
FATHER'S	NAME:		MOTHER'	S NAME :			
MOBILE N	UMBER :1)		2))			
SARAL ID				AADHA	AR NO. :	//_	
CORRESPO	ONDENCE A	ADDRESS:-					
DATE OF E	BIRTH:	//	GENDER: BIRTH PLACE:			TH PLACE :	
TALUKA :_		DISTR	RICT :		NATIONAL	ITY :	
MOTHER 1	TONGUE : _		BLOOD (GROUP:			
RELIGION	:	CAS	TE :		SUB-CASTE : _		
CATEGORY	Y : OPEN / S	SEBC/ OBC/SBC/SC	C/ST/NT/VJ-DT (IF ANY OTH	ER PLEASE SPECIFY	7)	
QUALIFIC	CATION D	ETAILS:					
SR. NO	STD	LAST ATTENDE		BOARD	PASSING MONTH/ YEAR	MARKS OBTAINED/ OUT OF	PERCENTAGE
1	X / XI						
	NFORMAT						
SPORT / EX	XTRA CURRIO	CULAR ACTIVITIES: -					
SUBJECT	OFFERED	AT F.Y.J.C /S .Y.J.	C SCIENCE				
	COMPUL SUBJ		OTHER SUBJ (ANY TWO)	IECTS	GENERAL SO SUBJECTS (BI-FOCAL
1. ENG	GLISH		1. MATHEMATI	ics	1.I.T		
2. PHY	SICS		2. BIOLOGY		2.MARATHI		COMPUTER SCIENCE

3.GEOGRAPHY

3.HINDI

4.GERMAN

5.FRENCH

6.SANSKRIT

DOCUMENTS CHECKLIST

SR. NO.	NAME OF DOCUMENT	ORIGINAL	XEROX	STUDENT SIGN	RECEIVER SIGN
1	10th/ 11th MARKSHEET (Xerox Copy) -3 SET				
2	PASSING CERTIFICATE Xerox Copy -3 SET (if applicable)				
3	LEAVING / TRANSFER CERTIFICATE (ORIGINAL) + Xerox Copy -3 SET				
4	ORIGINAL MIGRATION CERTIFICATE + 3 SET XEROX COPY (if applicable)				
5	CASTE + NCL CERTIFICATE (Xerox Copy - 1 SET) (if applicable)				
6	AADHAR CARD (Xerox Copy - 1 SET)				
7	ELIGIBILITY CERTIFICATE (FOR 12 th New Admission) (Xerox Copy – 1 SET)				
8	PASSPORT SIZE COLOUR PHOTOS (3 -QTY)				

	7	ELIGIBILITY Admission) (X	CERTIFICATE (FOR 12 th N Cerox Copy - 1 SET)	lew					
	8	PASSPORT SIZ	E COLOUR PHOTOS (3 -QTY)						
FO	R PA	ARENTS/ GAURD	IAN:		•				
NA	ME:								
PEI	RMA	NENT ADDRESS: _							
OC	CUPA	ATION:	FIRM/C	OMPANY NAME :					
DE	CLA	RATION TO BE S	IGNED BY THE CANDIDATE						
		by declare that,							
	 Self/on behalf of my ward hereby declare that: The information given by me in the application form and all enclosures are true to the best of my knowledge. However, should it, be found that any 								
	information/enclosures therein are untrue/wrong I am/my ward liable to be disqualified for admission.								
	3.	If I am/my ward selection discipline in the institution	eted for admission I am/my promise to the teand the hostel.	o abide by the rules & r	egulations of the Institute/	'University and maintain the			
	4. It is compulsory for me/my ward to appear for online/offline counseling at any place directed by the counseling authority within the specified date and time failing which I/my ward's registration will be automatically cancelled without any refund of fee.								
	5. 6.								
	7.		y the "Student Leaving Midstream" cla			le course if I leave course in			
	8.	Any dispute is subject t	o PUNE Jurisdiction.						
Dat Pla	e:- ce ÷	1 1							
	Si	gnature of Parent's	/ Guardian		Signature o	of the Candidate			
			FOR OFF	ICE USE ONLY					
TOTAL FEE F		TAL FEE	FEES PAID	BALANCE FEE REMARK BY A/O		C SECTON			

Date :