

Form Fees Rs.50/-

Form No.



Reg. No.  
ID/PU/NS/C/148/2009

**Om Sai Samajik Sevabhavi Sanstha's**  
**Affiliated to Pune University & Recognised by Govt. of Maharashtra**  
**SHARDA COLLEGE, SINNAR (BCA, BBA)**  
Adva Phata, Saradwadi Road, Sinnar, Tal-Sinnar, Dist.- Nashik (M.S.) 422103,  
Cont.:02551-220870, E-Mail: sharda.college09@gmail.com

**ADMISSION FORM ( Year 2022-2023)**

**Office Use only**

Eligibility No.

CRN

Class	Roll no	Amt. Rs.	Receipt No.	Date of Adm.
<input type="checkbox"/> FYBBA(CA) <input type="checkbox"/> SYBBA(CA) <input type="checkbox"/> TYBBA(CA) <input type="checkbox"/> FYBBA <input type="checkbox"/> SYBBA <input type="checkbox"/> TYBBA				

**- Application -**

To  
**The Principal,**  
SHARDA COLLEGE, SINNAR,  
Tal.:Sinnar Dist:-Nashik

Student Signature

Photo

Respected Sir,

I wish to take admission to  FYBBA(CA)  SYBBA(CA)  TYBBA(CA)  FYBBA  SYBBA  TYBBA Course in your college. My personal details as follows.

**Educational Information**

1) Candidate Details :

Fill in BLOCK (CAPITAL) Letter													
FIRST NAME													
MIDDLE NAME													
LAST NAME													
MOTHER NAME													

2) Full name in Devnagari .....

3) Permanent Address as per (Aadhar Card)

Fill in BLOCK (CAPITAL) Letter													
Aadhar Number													
Building Name													
Street Name / Nagar													
Village / Tahsil / Taluka													
District													
State													
PIN Code													

4) Other Personnel Details

Date of Birth (DD-MM-YYYY)					-					-				As per LC / TC
Category	<input type="checkbox"/> SC	<input type="checkbox"/> ST	<input type="checkbox"/> NT -A	<input type="checkbox"/> NT -B	<input type="checkbox"/> NT -C	<input type="checkbox"/> NT -D	<input type="checkbox"/> OBC	<input type="checkbox"/> SBC	<input type="checkbox"/> Open					
Caste Name as per Caste Certificate	_____ (Attach Photocopy with application)													

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	( <input checked="" type="checkbox"/> Tick in appropriate option)
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	( <input checked="" type="checkbox"/> Tick in appropriate column)
Blood Group	<input type="checkbox"/> A+ <input type="checkbox"/> A- <input type="checkbox"/> B+ <input type="checkbox"/> B- <input type="checkbox"/> AB+ <input type="checkbox"/> AB- <input type="checkbox"/> O+ <input type="checkbox"/> O-		
Email (mandatory)	_____		
Mobile No. (Candidate)	_____ ( <input type="checkbox"/> Whats app <input type="checkbox"/> Phone Pay)		
Mobile No. (Parent)	_____ ( <input type="checkbox"/> Whats app <input type="checkbox"/> Phone Pay)		

5) Qualification Details :

Last Appear Exam in (month- Year)	_____ - _____	If gap attach gap certificate (100 Rs. Stamp)		
Name of School / College	_____			
Course Name	_____			
Percentage	_____ %	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> ATKT <input type="checkbox"/> Apply for Scholarship		
Reason of Leaving School /College	<input type="checkbox"/> Pass <input type="checkbox"/> Transfer College			
Year	Course	Percentage	Name of School / College	<input checked="" type="checkbox"/> Attachés All Certificate photocopy
2021-22				
2020-21				<input checked="" type="checkbox"/> If there is a gap then gap certificate is compulsory
2019-20				
2018-19				
2017-18				

6) Student Bank Details :

Bank Details ( <input checked="" type="checkbox"/> Attach Bank Passbook Photo copy)		Bank account should be linked with aadhar	
Account Number	IFS Code	NAME OF NATIONALISED BANK	BRANCH

I hereby declare that I shall abide by the rules and condition of the University, College, the parent institution & the Government. These shall remain binding on me. I have read the rules of the college and I will follow them. The decisions & rules of discipline laid down by the Principal will also be binding on me.

I shall not demand any concession in the college exam, time-table on religious or any other grounds.

Yours Faithfully,  
Students Signature

पालकांचे घोषणा पत्र

पालकांचे नाव Name of Parent / Gardian	_____
Relation with Candidate विद्यार्थ्यांशी नाते	_____
पूर्ण पत्ता /Full Address	_____
व्यवसाय / Occupation	_____
वार्षिक उत्पन्न / Annual Income (attach Income certificate of 2021-22)	_____

My child is seeking admission in your college with my consent. I will see that he/she abides by all the rules of the college. The decisions of the Principal on any college matter will be binding on his/her. All correspondence may please be sent on the above-address. The information about my family given above is true to the best of knowledge & I remain responsible for any discrepancies in it.

Note : रॅगिंग सदृश्य प्रकार आढळून आल्यास विद्यापिठ व शासन नियमानुसार कारवाई करण्यात येईल तसेच विद्यार्थ्यांचे नाव महाविद्यालयातून काढून टाकण्यात येईल .

Date : \_\_\_ / \_\_\_ / \_\_\_\_\_

Place : \_\_\_\_\_

Signature of Guardian

Signature Principal