YASHWANTRAO CHAVAN SCHOOL OF SOCIAL WORK

Jakatwadi, Satara-415002, Maharahstra

Affiliated to Shivaji University, Kolhapur

APPLICATION FORM FOR ADMISSION

Academic Year 2016-17

Affix

Recent Photo

1. Course Applying For :   **M.S.W   /   B.S.W.**

2. Full Name of the condidate (IN BLOCK LETTERS)

    ....

3. Date of Birth & Age...

4. Father's name...

5. Mother's name..

6. Address for communication...

    ....

    ....Dist..

    Ph:..Email..

7. Permanent Address...

    ....

8. Educational Qualifcation(S.S.C onwards)

Examination	University /Board	Year of passing	Class /Devision	Marks obtained (In percentage)

9. Name of the local Guardian(Other than Parents, If applicable)

    ....Ph:...

10. Religion..

11. Caste...

12. Marital Status: Unmarried/ Widowed/ Separated/ Divorced

13. Wheather suffering from any disability? Yes/No

14. If , yes , give the details..

....

15. Wheather attended N.C.C./ N.S.S/Scout /Guide..

16. Language Known...

17. Details of Family member/ s

Name of the family member/ s	Relationship	Educatinal Qualificcation	Occupation	Income

18. Give details of your work experience(If any)

Name of the Organization	Designation	Duration	Nature of Work

19. Name Games, Hobies and cultural activities of interest to you.

   a. Games...

   b. Hobies...

   c. Cultural activities...

20. Give details of the awards/fellowships/scholarships received.

   a. ....

   b. ....

   c. ....

DECLARATION BY THE APPLICANT

I hereby declare that the information provided in this application are complete and accurate.I have not been disqualified by any university or other institution from appearing for any examination or from seeking admission for any programme of study. I agree that the Institute has the right to cancel my admission and/or withdraw the examination form, if the Institute finds the information in this application are ncorrect and /or misleading at any point of time. I also agree that on being admitted, I shall abide strictly by the policies, rules and regulations of the Institute and any modification to the rules as may be made from time to time, after my admission. I also accept that the institute has the right to take disciplinary action against me, if I do not abide by the policies, rules and regulations of the institute. I also agree that the fees, which is paid is not re-fundable in any case. Place Date Signature of applicant

Date:

Place: Full name and signature of Student

Originals of the documents must be produced for verification, which will be done after the announcement of the admission results. Admission will be subject to the verification of original certificates and marks-sheets and eligibility fulfilment of the selected candidates.

DECLARATION BY THE PARENTS OR GUARDIANS OF THE APPLICANT

I hereby declare that the information given in this application are complete and accurate.I understand that my son/daughter/ wife has to pledge the following "I undertake to abide by the rules of Institute concerning attendance, in campus activities,etc." I fully agree with this pledge. I further undertake to pay regularly all fees.

Place

Date: Full name of Parent/ Guradian, Address and Signature

UNDERTAKING

I,undersigned, Mr./Ms/Miss._____ would like to seek admission in the _____ class for 2016-17 academic year. I will abide by the rules and regulations rendered by Shivaji University, Kolhapur, regarding attendance in the college. I will attend the maximum classes, i.e., 80 % of the total classes engaged in the academic year and also have satisfactory performance in the academic programmes.If I fail to do so, I am aware that I will not be allowed, to appear at the university examination and my examination form will be accordingly withdrawn from the university. I will abide by all the present rules and rules changing from time to time. I would not participate in any activity against college. If I do so I will have no complain towards the action taken against me.

Signature of Parents/Guardian   Signature of student   Signature of Principal

Date :   Place :