



Chhatrapati Shivaji Shikshan Mandal's

Chhatrapati Shivaji Polytechnic

A/p- Vaduj Tal. Khatav Dist. Satara. Ph. No. 02161-232322

ADMISSION FORM

For Office Use Only

COURSE	YEAR	Gen. Reg. No.	Enrollment No.	Freeship / Scholarship	Category

To,
The Principal,
Chh. Shivaji Polytechnic,
A/p- Vaduj, Tal - Khatav,
Dist. - Satara.

Sir,

1) Full Name : _____
(SURNAME) (FIRST NAME) (MIDDLE NAME)

2) Permanent Address : _____

3) Local Address: _____

4) Phone/Mobile No. _____ 5) Male / Female _____

6) Date of Birth : _____ 7) Place of Birth _____

8) Religion _____ 9) Caste / Sub-cast : _____

I request you to kindly consider my admission to First/Second Year of _____
Course in your College. I am furnishing all the necessary details as below.

DETAILS OF SCHOOLS / COLLEGE ATTENDED

Examination	Passing Year	Marks obtained 600/700	Name of school / College	Remarks

DETAILS OF GUARDIANS

1) Father's Full Name _____

2) Mother's Full Name _____

3) Permanent Address _____

4) Mobile No. _____ 5) Occupation: _____

6) Annual Income Rs. _____

Signature of Guardian

Attached Documents

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Date:

Place :

Checked by

Principal

Admission Committee