PRO FORMA – I (FOR TYPE – C CANDIDATES)

(FOR SONS AND DAUGHTERS OF CENTRAL GOVERNMENT / GOVERNMENT OF INDIA UNDERTAKING EMPLOYEES)

Outward No.:	Date:/20
CERTIF	TCATE
the capacity ofin	ne of the Organization/Establishment/Department)
This Organization/ Establishment/ Depart (Department of Central)	ment is under
	is transferred toin Dated
He / She has joined duty in Maharasht working in the same post.	tra on and is currently
	of his/ her son/ daughter's se in Engineering and Technology for the
Place:	(Signature) Name & Designation of the Head of the office
Note: This pro-forma is to be accompanied	

1. Transfer order.

2. Joining report.

PRO FORMA – II (FOR TYPE – D CANDIDATES)

(FOR SONS AND DAUGHTERS OF MAHARASHTRA STATE GOVERNMENT/MAHARASHTRA STATE GOVERNMENT UNDERTAKING EMPLOYEES)

Outward No.:	Date:/20
CERTI	FICATE
the capacity of	is an employee ir inis an employee ir .ame of the Organization/Establishment/Department)
•	rtment is under
	is transferred to/from e transfer order No
He/ She has joined duty in/out of Makcurrently working in the same post.	narashtra State on and is
	of his/ her son/ daughter's se in Engineering and Technology for the
Place:	(Signature) Name & Designation of the Head of the office
Note: This pro-forma is to be accompanie 1. Transfer order.	ed by attested copy of:

2. Joining report.

PRO FORMA – III (FOR TYPE – D CANDIDATES)

(FOR SONS AND DAUGHTERS OF MAHARASHTRA STATE GOVERNMENT/ MAHARASHTRA STATE GOVERNMENT UNDERTAKING RETIRED EMPLOYEES)

	Date:/20
UNDER	TAKING
the service from the post of	, have retired from in
This Organization/ Establishment/ Depar	(Name of the Organization /Establishment / Department) rtment is under
I have retired on and settled in	ı taluka district
2	arpose of my son/daughter's e in Engineering and Technology for the
Place:	(Signature) Name
Note: This pro forma is to be accompanie	ed by attested copy of:

- 1. Pension Pay Order.
- 2. Proof of settlement (Ration Card/ Electricity Bill/Aadhaar Card/ Telephone Bill/ Property Document/ Election Card).

PRO FORMA – IV (FOR DSP~1, DSP ~2 AND DSP ~3 CANDIDATES)

(FOR SONS AND DAUGHTERS OF DEFENCE SERVICE PERSONNEL)

Outward No.:	Date:/20
CERTIF	[CATE
This is to certify that Shri. / Smt(Full Name	e of the Employee with Rank of the employee)
is/ has been a member of Armed forces of years of service in Indian Army/ Ir	ndian Navy/ Indian Air Force from rently working/ retired from services on
This certificate is issued for the process	ar of Degree course in Engineering and
Place:	(Signature) Name and designation of the Authority not below the rank of Commandant or equivalent / District Sainik Welfare officer
Seal of the Office	District culture with the circuit

Note:

- 1. This certificate is **not** to be issued for the Civilian Staff working in the Indian Army/Navy/Air force.
- 2. For DSP-1 and DSP-2 candidates, above pro forma is to be accompanied by attested copy of Domicile certificate of parent who is in active service or exserviceman.

PRO FORMA – V (FOR DSP~3 CANDIDATES)

(FOR SONS AND DAUGHTERS OF ACTIVE DEFENCE SERVICE PERSONNEL NOT DOMICILED IN MAHARASHTRA STATE)

Outward No.:	Date:/20
CERTIFICATE	
This is to certify that Shri/Smtof (Full Name of the Employee with Rail Armed forces of India, and is currently working in Indian Air Force.	nk of the employee)
Shri / Smt is transferr posting) in Maharashtra State vide transfer orded Dated He/ She has joined duty in Maharashtra (Date of Joining) and is currently working in the same post.	er No
This certificate is issued for the purpose of's admission to First Year of Degree Technology for the academic year 20 ~ 20	_
Place:	(Signature) Name & Designation of the Head of the office

Seal of the Office

Note: This pro-forma is to be accompanied by attested copy of:

- 1. Transfer order.
- 2. Joining report.

This certificate is not to be issued for Civilian Staff working in the Indian Army/Navy/Air force.

PRO FORMA – VI (FOR DSP ~ 3 CANDIDATES)

(FOR SONS AND DAUGHTERS OF ACTIVE DEFENCE SERVICE PERSONNEL NOT DOMICILED IN MAHARASHTRA STATE BUT RETAINED THEIR FAMILY ACCOMMODATION)

Outward No.:	Date:/20
CERTIFICATE	
This is to certify that Shri/Smt	ith Rank of the employee)
Shri/Smt. is present	ntly posted at(Place of posting)
His/ Her previous posting was at	on in in on-family station/ for education
's admission to First Year of De Technology for the academic year 20 ~ 20	
Place: Seal of the Office	(Signature) Name & Designation of the Head of the office
Note: This certificate is not to be issued for Civilian Staff	f working in the Indian Army/

Navy/ Air force.

PRO FORMA –VII (FOR P-1, P-2, AND P-3 CANDIDATES)

(FOR PERSONS WITH DISABILITY CANDIDATES)

Name and address of the Institute / Hospital

ate
2

Recent Photograph of the candidate showing the Disability duly attested by the chairperson of the

		is suffering i	rom permanem dis	ability of follo	wing c	ategory
A.	Locomotors of	r cerebral palsy:				
	(i) BL-both 1	egs affected but not arms.				
	(ii) BA~Both	arms affected	(a) Impaired reach	(b) Weakness o	f grip	
	(iii) BLA-Both	legs and both arms affect	ed	-		
	(iv) OL-One	eg affected (right or left)	(a) impaired reach	(b) Weakness of	f grip	(c) Atax
	(v) OA~On	e arm affected	(a) impaired reach	(b) Weakness or	f grip	(c) Atax
		pack and hips (Cannot sit o				
	(vii) MW-Mu	scular weakness and limit	ed physical endurance			
B.	Blindness or l	ow vision				
	(i) B~Blind	d (ii) PF	8-Partially Blind			
		•				
C.	Hearing impa	ırment				
C.	Hearing impa (i) D-Deat		D-Partially Deaf			
C.		(ii) PI	D-Partially Deaf <i>whichever is not ap</i>	oplicable)		
	(i) D-Deat	(ii) PI (Delete the category,	whichever is not ap	•	not lil	kelv to
2.	(i) D-Deat	(ii) PI (Delete the category, is progressive/non-	whichever is not ap progressive/likely	to improve/1		•
2. imj	(i) D-Dead This condition prove. Re-assess	(ii) PI (Delete the category, is progressive/non-sment of this case of	whichever is not ap progressive/likely f not recommende	to improve/1		•
2. imp	(i) D-Deat This condition prove. Re-assess iod ofye	(ii) PI (Delete the category, is progressive/non- sment of this case of earsmonths*	whichever is not approgressive/likely f not recommende.	to improve/1		•
2. imper 3. I	(i) D-Dead This condition prove. Re-assessiod ofye	(ii) PI (Delete the category, is progressive/non- sment of this case of earsmonths*, sability in his/her	whichever is not approgressive/likely f not recommende	to improve/1 d/is recomme		•
2. imper 3. I	(i) D-Deat This condition prove. Re-assess iod ofye recentage of dia ase is meets the	(ii) PI (Delete the category, is progressive/non- sment of this case of earsmonths* sability in his/her following physical re	whichever is not approgressive/likely f not recommende percent quirements for disc	to improve/1d/is recomme	ended	after a
2. imper 3. I	(i) D-Deat This condition prove. Re-assess iod ofye recentage of dia ase is meets the	(ii) PI (Delete the category, is progressive/non- sment of this case of earsmonths*, sability in his/her	whichever is not approgressive/likely f not recommende percent quirements for disc	to improve/1d/is recomme	ended	after a
2. imper 3. I	(i) D-Dead This condition prove. Re-assessiod ofye recentage of diase is meets the h./Smt./Kum	(ii) PI (Delete the category, is progressive/non- sment of this case of earsmonths* sability in his/her following physical re	whichever is not approgressive/likely f not recommende percent quirements for disc discharge	to improve/1 d/is recomme harge:	ended	after a
2. imper 3. I	(i) D-Dead This condition Prove. Re-assessiod ofye Percentage of diase is meets the h./Smt./Kum	(ii) PI (Delete the category, is progressive/non- sment of this case of earsmonths*. sability in his/her following physical re	whichever is not approgressive/likely for the recommende for the progressive/likely for the progressiv	to improve/1 d/is recomme harge:of his	ended /her d	after a
2. imper 3. I	(i) D-Dead This condition prove. Re-assessiod ofye Percentage of diase is meets the h./Smt./Kum	(ii) PI (Delete the category, is progressive/non- sment of this case of earsmonths* sability in his/her following physical re perform work by man	whichever is not approgressive/likely from recommende	to improve/1 d/is recomme harge:of his gers Ye	ended /her d	after a
2. imper 3. I	(i) D-Dead This condition Prove. Re-assessiod ofye Percentage of diase is meets the h./Smt./Kum (i) F-can (ii) PP-can (iii) L-can	(ii) PI (Delete the category, is progressive/non- sment of this case of earsmonths*. sability in his/her following physical re perform work by man	whichever is not approgressive/likely for the recommende for the percent quirements for discontinuous discharge discharge with fingulating and pushing mg	to improve/1 d/is recomme tharge:of his gers Ye Ye	ended /her d es/No es/No	after a
2. imper 3. I	(i) D-Dead This condition Prove. Re-assession ofye Percentage of diase is meets the h./Smt./Kum (i) F-can (ii) PP-can (iii) L-can (iv) KC-ca	(ii) PI (Delete the category, is progressive/non- sment of this case of earsmonths* sability in his/her following physical re perform work by man n perform work by pu perform work by liftin n perform work by liftin	whichever is not approgressive/likely from recommende	to improve/1 d/is recomme tharge:of his gers Ye Ye Ye Ye	ended /her d es/No es/No es/No	after a
2. imper 3. I	(i) D-Death This condition or ove. Re-assessiod ofye recentage of diase is meets the h./Smt./Kum (i) F-can (ii) PP-can (iii) L-can (iv) KC-can (v) B-can	(ii) PI (Delete the category, is progressive/non- sment of this case of earsmonths* sability in his/her following physical re perform work by man perform work by pu perform work by liftin perform work by liftin	whichever is not approgressive/likely progressive/likely for not recommende progressive/likely for not recommende progressive/likely for not recommende progressive/likely discharge for discharge with fing alling and pushing fring ding	to improve/1 d/is recomme charge: of his gers Ye Ye Ye Ye	ended /her d es/No es/No es/No es/No	after a
2. imper 3. I	(i) D-Dead This condition Prove. Re-assessiod ofye Percentage of diase is meets the h./Smt./Kum (i) F-can (ii) PP-can (iii) L-can (iv) KC-can (v) B-can (vi) S-can	(ii) PI (Delete the category, is progressive/non- sment of this case of earsmonths* sability in his/her following physical re perform work by man n perform work by pu perform work by liftin n perform work by liftin perform work by ben perform work by sittin	whichever is not approgressive/likely from recommende from percent quirements for discussive discharge with fingulating with fingulating and pushing and pushing ding ding	to improve/1 d/is recomme tharge:of his gers Ye Ye Ye Ye Ye Ye	her des/Noes/Noes/Noes/Noes/Noes/Noes/Noes/No	after a
2. imper 3. I	(i) D-Dead This condition Prove. Re-assessiod ofye Percentage of diase is meets the h./Smt./Kum (i) F-can (ii) PP-can (iii) L-can (iv) KC-can (v) B-can (vi) S-can (vii) ST-can	(ii) PI (Delete the category, is progressive/non- sment of this case of earsmonths*. sability in his/her following physical re perform work by man n perform work by pu perform work by lifting perform work by lifting perform work by ben perform work by sitting n perform work by sitting	whichever is not approgressive/likely progressive/likely for not recommende management percent quirements for discharge discharge and pushing thing ding management m	to improve/1 d/is recomme tharge:of his gers Ye Ye Ye Ye Ye Ye Ye	cended /her d ces/No ces/No ces/No ces/No ces/No ces/No ces/No ces/No	after a
2. imper 3. I	(i) D-Dead This condition Prove. Re-assessiod ofye Percentage of diase is meets the h./Smt./Kum (i) F-can (ii) PP-can (iii) L-can (iv) KC-can (v) B-can (vi) S-can (vii) ST-can (viii) W-can	(ii) PI (Delete the category, is progressive/non- sment of this case of earsmonths* sability in his/her following physical re perform work by man perform work by lifting perform work by lifting perform work by lifting perform work by sitting perform work by sitting perform work by sitting perform work by sitting perform work by stand	whichever is not approgressive/likely progressive/likely for not recommende progressive/likely for not recommende progressive/likely for not recommende progressive/likely discharge progressive/likely discharge progressive/likely not	to improve/1 d/is recomme tharge:of his gers Ye Ye Ye Ye Ye Ye Ye Ye Ye Ye	cended /her d ces/No ces/No	after a
2. imper 3. I	(i) D-Dear This condition Prove. Re-assessiod ofye Percentage of diase is meets the h./Smt./Kum (i) F-can (ii) PP-can (iii) L-can (iv) KC-can (vi) S-can (vii) S-can (vii) ST-can (viii) ST-can (viii) SE-can (viii) SE-can	(ii) PI (Delete the category, is progressive/non- sment of this case of earsmonths* sability in his/her following physical re perform work by man n perform work by liftin n perform work by liftin perform work by ben perform work by sittin n perform work by sittin n perform work by sta n perform work by sta n perform work by see	whichever is not approgressive/likely from recommende from percent quirements for discussive discharge with fingulating and pushing fring ding fring ding fring fring ding fring fri	to improve/1 d/is recomme tharge:of his gers Ye Ye Ye Ye Ye Ye Ye Ye Ye Ye	cended /her des/No es/No	after a
2. imper 3. I	(i) D-Dead This condition Prove. Re-assession ofye Percentage of diase is meets the h./Smt./Kum (i) F-can (ii) PP-can (iii) L-can (iv) KC-ca (v) B-can (vi) S-can (vii) ST-can (viii) W-can (viii) W-can (x) H-can (x) H-can	(ii) PI (Delete the category, is progressive/non- sment of this case of earsmonths* sability in his/her following physical re perform work by man perform work by lifting perform work by lifting perform work by lifting perform work by sitting perform work by sitting perform work by sitting perform work by sitting perform work by stand	whichever is not approgressive/likely progressive/likely for not recommende me percent quirements for discussive discharge for discussive discharge me percent quirements for discussive discharge me percent quirements for discussive discharge me percent quirements for discharge me percent quirements for discharge me percent quirements for discussive discharge me percent quirements for discussive discharge me percent quirements for approximately ap	to improve/1 d/is recomme tharge:	cended /her d ces/No ces/No	after a

Countersigned by the Medical Superintendent/CMO/ Head of Hospital (with seal)

^{*} Strike out which is not applicable

PRO FORMA-VIII (FOR PERSON WITH DISABILITY CANDIDATES)

P3 (LEARNING DISABILITY) CANDIDATES

Outward No.:		Date:/	/20	Photograph of the
	CERTIFIC	ATE		candidate
Name	:			
Age	:		•••••	
Date of Birth	:			
Date of Registratio	n:	. L.D. No.:		•••••
Father's Name	:	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •
Std.: Sch	ool Name:	• • • • • • • • • • • • • • • • • • • •		
Physical & Neurolo	ogic Assessment (Date:)		
Psychologic Assessme	ent (Date:)			
WISC (R) Verbal IQ	:			
Performance	IQ :	•••••		
Global IQ	:			
Interpretation:		• • • • • • • • • • • • • • • • • • • •	•••••	
Educational Assessi	nent (Date:) WRAT:	R:	
			S:	
			A:	
 Certified that: The percentage of Challenged is not less than 40% and is equal to%. The disability is permanent in nature. The candidate is capable of carrying out all activities related to theory and practical works as applicable to degree course in Engineering/Technology without any special concessions and exemptions. This Certificate is issued as per the provisions given in the Person with Disability Act, 1995 and its amendments. This certificate is issued for the purpose of his/ her admission to First Year of Degree course in Engineering and Technology for the academic year 20				
Recommendations:				•••••

(Name and Signature of Issuing Authority)

Seal of the Office

PRO FORMA – IX

(FOR CANDIDATES FROM MAHARASHTRA AND KARNATAKA DISPUTED BORDER AREA)

Outward No.:	Date:/20
CERTIFICA	ATE
This is to certify that Shri/ Smt	Village in
This certificate is issued for the purpose admission to First Year of Degree course is academic year 20 ~ 20	
Place:	
Seal of the Office	District Collector/ Deputy Commissioner/ District Magistrate/Additional District Magistrate/Taluka Executive Magistrate

PRO FORMA - X

(FOR CANDIDATES FROM MAHARASHTRA AND KARNATAKA DISPUTED BORDER AREA)

Outward No.:	Date:/20
CERTIFICATE	
This is to certify that Mr. /Miss	X/ Std. XII/ Diploma/ Maharashtra Karnataka and he/ she has passed
Std. X/ Std. XII examination with Marathi as one of the subjection. This certificate is issued for the purpose of his / her addressee course in Engineering and Technology for the aca	mission to First Year of
Place: Seal of the School / College	Head Master/ Principal School/ College

PRO FORMA – XI

(FOR SONS AND DAUGHTERS OF DEFENCE/ PARAMILITARY FORCE/ I.A.S./ I.P.S./ I.F.S./ J& K POLICE OFFICIALS POSTED IN JAMMU/ KASHMIR TO COMBAT TERRORIST ACTIVITIES)

Outward No.:	Date:/20
CERTIFICATE	
This is to certify that Shri/ Smt	is an official
belonging to Defence/ Paramilitary force/ I.A.S./ I.P.S.	/ I.F.S./ J& K Police presently
posted and working atw	hich is treated as disturbed area
in Jammu & Kashmir.	
This certificate is issued for the purpose of the common control of the common control of the academic year 20.	Year of Degree courses in
Place: Seal of the Office	Head of the Office

PRO FORMA – XII

(FOR JAMMU/ KASHMIR MIGRANT CANDIDATES) (MIGRANTS STAYING IN REFUGEE CAMPS)

Outward No.:	Date:/20			
CERTIFICATE				
This is to certify that Mr./ Miss	being displaced after 1990 due to			
Ration card Number:				
Name of the members on the ration card:				
This certificate is issued for the purpose of his / her admission to First Year of Degree courses in Engineering and Technology for the academic year 20 20				
Places				
Place:	Name & Signature of Head of the Office Migrant/Refugee Camp			

Seal of the Office

PRO FORMA – XIII (FOR REFUGEES STAYING WITH RELATIVES)

(DISPLACED JAMMU/ KASHMIR CANDIDATES STAYING WITH RELATIVES/ FRIENDS IN INDIA OTHER THAN MIGRANT/ REFUGEE CAMP)

Outward No.:	Date:/20		
CERTIFICATE			
This is to certify that Mr./ Miss	is a displaced		
person from Jammu & Kashmir after 199	O due to terrorist activities in Jammu and		
Kashmir. He/ She is staying with			
(Name and complete address of the Po	Person with whom the candidate is staying at present)		
since pastyears.			
This certificate is issued for the purpose of h	his/ her admission to First Year of Degree		
courses in Engineering and Technology for	the academic year 20 20		
Place:			
	Name & Signature of District Collector		
Seal of the Office			

PRO FORMA — XIV - हमीपत्र (कमीत - कमी रुपये शंभरच्या नॉन ज्युडीशीयल स्टॅम्पपेपरवर खाली नमूद केलेले हमीपत्र सादर करावे)

..... (विद्यार्थ्यांचे नाव) असे हमीपत्र देतो की, मला डॉ. विश्वनाथ कराड एम.आय.टी.-विश्वशांती विद्यापीठ, पुणे या विद्यापीठात राखीव प्रवर्गाच्या कोट्यातून प्रवेश मिळण्यासाठी जात/ जमात वैधता पडताळणी प्रमाणपत्राची, नॉन क्रिमेलीअर प्रमाणपात्राची (Caste/ Trible Validity Certificate, Non-Creamy Layer Certificate) आवश्यकता आहे, तथापि जात/ जमात वैधता पडताळणी प्रमाणपत्राची, नॉन क्रिमेलीअर प्रमाणपात्राची (Caste/ Trible Validity Certificate, Non-Creamy Layer Certificate) सध्या आमच्याकडे उपलब्ध नाही, ते प्राप्त करण्यासाठी संबंधीत

विभागाकडे अर्ज दाखल केलेला असून त्याची पावती सोबत जोडलेली आहे. जर मला/ माझ्या				
पाल्याला डॉ. विश्वनाथ कराड एमआयटी-विश्वशांती विद्यापीठ, पुणे येथे प्रथम वर्ष पदवी				
अभियांत्रिकी/ थेट द्वितीय वर्ष पदवी अभियांत्रिकी/ प्रथम वर्ष पदव्युत्तर पदवी				
अभियांत्रिकी या अभ्यासक्रमासाठी विद्यापीठाच्या प्रवेश प्रक्रियेमधून प्रवेश मिळाला तर जात/				
जमात वैधता पडताळणी प्रमाणपत्र, नॉन क्रिमेलीअर प्रमाणपात्र (Caste/ Trible Validity				
Certificate, Non-Creamy Layer Certificate) आम्ही, प्रवेश झालेल्या डॉ. विश्वनाथ कराड				
एमआयटी-विश्वशांती विद्यापीठ, पुणे यांचेकडे प्रवेश झाल्या पासून एक महिन्याच्या आत				
म्हणजेच दिनांक पूर्वी सादर करु.				
जात/ जमात वैधता पडताळणी प्रमाणपत्र, नॉन क्रिमेलीअर प्रमाणपात्र (Caste/ Trible				
Validity Certificate, Non-Creamy Layer Certificate), वर निर्देशीत केलेल्या मुदतीत				
मिळविण्याची सर्वस्वी जबाबदारी माझी असेल, विद्यापीठाची नव्हे.				
जात/ जमात वैधता पडताळणी प्रमाणपत्र, नॉन क्रिमेलीअर प्रमाणपात्र (Caste/ Trible				
Validity Certificate, Non-Creamy Layer Certificate), प्रवेश मिळालेल्या डॉ. विश्वनाथ				
कराड एमआयटी - विश्वशांती विद्यापीठातील संबंधीत विभागात दिनांक				
पर्यंत सादर न केल्यास किंवा माझे प्रमाणपत्र कोणत्याही कारणास्तव मिळण्यास उशीर				
झाल्यास पर्यायाने प्रथम वर्ष पदवी अभियांत्रिकी/ थेट द्वितीय वर्ष पदवी अभियांत्रिकी/				
प्रथम वर्ष पदव्युत्तर पदवी अभियांत्रिकी अभ्यासक्रमासाठी मिळालेला प्रवेश रद्दबातल				
झाल्यास त्याची जबाबदारी डॉ. विश्वनाथ कराड एमआयटी-विश्वशांती विद्यापीठ, पुणे यांची				
नसून, सदर जबाबदारी सर्वस्वी आमची राहील.				
विद्यार्थ्याची स्वाक्षरी :				
विद्यार्थ्याचे नाव :				
जातीचा प्रवर्ग/ जातीचे नावः				
पालकाची स्वाक्षरी :				
पालकांचे नाव :				

(PRO FORMA – XV)

Format of Certificate by the Employer/Management for Sponsored Candidates on the firms/ organizations Letter Head

Ref. No.:		Date:	/	/20	
	TO WHOM SOEVER IT MAY CONCE	RN			
This is to certify t	hat Shri./Smt			is	
working in this f	firm/ organization as a				
since	and he/she has completed ye	ear[s] of serv	ice i	n our	
organization as an	n employee. He/she is permitted to study fo	or M. Tech. p	rogra	am at	
Dr Vishwanath Karad MIT	-World Peace University, Pune.				
If he/she is admit	tted to the said program/University, he/sh	ne will be pe	rmitt	ed to	
attend the course as a full-time student during the working hours of the University					
till completion of	his/her program.				

Signature of Employer/Management Seal of the farm/ organization/ Institute

Important note: As mentioned in the offer guide, the candidate who does not have any original certificate must submit the following undertaking.

- **Process:** 1. Print undertaking
 - 3. Signature on the undertaking
- 2. Fill-up information in undertaking
- 4. Upload the said undertaking at the time of self-registration

UNDERTAKING FROM APPLICANTS & PARENTS REGARDING ELIGIBILITY & PENDING DOCUMENTS, PHOTOCOPIE[S]

I, Ms/ Mr	, S/o or D/o
to First Year- B Tech./ B.Sc./ M	have applied for admissionSc./ M. Tech./ Direct Second Year-B.Tech., Branch: sionally admitted under OPEN or General/ SC/ ST/
VJ-NT/ OBC/ SBC/ DSP/ J & K/ PH/ Peace University, Kothrud, Pune - 38	Other category to Dr. Vishwanath Karad MIT World
document[s] are pending for submissi will submit the same within the 07 d the process of fulfilling the eligibili stipulated time prescribed by the	original documents/ scanned copy of the original on at the time of self-registration process, and I/We ays after declaration of result. It is necessary that ty criteria should be completed by us within the University until further my admission remains ed due to non-completion of admission process.
taking the provisional admission, If I	ee to the eligibility criteria of the program in which we fail to fulfill the eligibility criteria, I/we know telled, and the university will not be responsible for
1	2
3	4
5	. 6
above-mentioned deadline or if docu herein or in application form is fo reserves the right to cancel our adm deemed appropriate without any notice	quired pending original documents/certificates by ments are found ineligible or information provided bund incorrect at any stage; then the university hission and can take any other disciplinary action as ce to me/ my ward and We shall have no claim for ready paid or whatsoever, against the University. Eady paid by us shall stand forfeited.
Signature of the Applicant with date	Signature of Parent with date
Name:	Name:
Mobile:	Mobile: