



SANDIP FOUNDATION'S

Sandip Institute of Technology and Research Centre

P.O Mahiravani, Trimbak Road Tal & Dist: Nashik-422213 Ph: (02594) 222551
/52/53/54 Fax (02594) 222555 Toll Free No.: 1800 233 2714 Approved by
AICTE, New Delhi, and Affiliated to Savitribai Phule Pune University, Pune



FormNo:

Student ID	122020129	Course	B.E	Branch	Information Technology
Quota	CAP		Class	TE	

For Academic Year 2021-2022

1. Name Of The Student		RUSHIKESH DILIP SASAMKAR	
2. Mother's Name			
3. Religion	Hindu	4. Adhar No	332008623486
5. a] Category	OBC	b] Sub Cast	sutar 174
6. Date Of Birth	07/03/2001	7. Gender	Male
8. Nationality	Indian	9. Mobile No	9623015863
10. Correspondence Address		FlatNo.GRAM PANCHAYAT RD AT PO WAKI KANNAD DIST	
Taluka	KANNAD	Dist	Aurangabad

11. Details of University Result (For FE,SE,TE,M.E-I Students)

Exam Year	Exam Month & Year	Marks Obtained	Percentage	No Of BackLog	Result
-	-				

12. Challan Transaction ID	10212203694	Date	24/12/2021	Amount	60,539
Bank Name	Bank of Maharashtra	BOI Branch Name	Bank Of India		

13. Declaration (to be signed by student and Parent/Guardian)

- I/We will abide by all the rules and regulation of GOVT of Maharashtra/DTE Mumbai/Pune University/Sandip Foundation/SITRC .
- I, the Student, Shall be regular in attendance all lectures,tutorials,test,practicals,workshops And examination conducted. I am also aware that minimum 75% attendance is compulsory for appearing in University Examination.
- I, the Student, have not been debarred from appearing for any examination conducted by any Government Constituted or any other Statutory Examination Authority in India.
- I/We will pay Fees and other charge by due date. If the fee structure is revised by the Fees Regulating Authority, I will pay the difference in fees as per the directives of Shikshan Shulka Samati within three weeks and as when notified by the Institute. In the event of default ,the Principal of the Institute shall take any action as he might deem fit against me/us.
- I must preserve receipt as no provision for Duplicate Receipt.
- All the information provided in this form is truth and correct. I/We would be liable to be punished if the information provided found false. Mandatory for us to sign Anti-Ragging Affidavit.
- I/We give an acceptance to receive the message, information from Sandip Foundation on our Contact Nos. and mail account

Signature of Student

Signature of Parent / Guardian

Place _____

Date _____ / _____ /20

For Office Use Only

1. Challan Transaction ID	10212203694	Date	24/12/2021	Amount	60,539
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Account Section

Student Section

Principal