



Prin. Dr. Sudhakar Rao Jadhavar Educational Campus - 1, Jadhavar Chowk, Manajinagar, Narhe, Pune - 411041.

**Cell :** +91 9699707324 **E-mail :** paradisejrcollege@gmail.com **Web. :** www.jadhavarjrcollege.com / www.jadhavargroupofinstitute.in**For Office Use Only :**G. A. R. No. Admission Date : Class : Division : Medium : **Please fill in Capital English Letters using Blue / Black Ball Pen only**

01) Name of Candidate :

**SURNAME :****FIRST NAME :****FATHER NAME :****MOTHER NAME :**

**Affix your recent  
smiling, coloured  
passport size  
photograph  
Do not Staple**

02) Date of Birth : \_\_\_\_\_ 03) Sex : \_\_\_\_\_ 04) Blood Group : \_\_\_\_\_

05) Adhar Card No. \_\_\_\_\_

06) Cast : \_\_\_\_\_ 07) Sub Caste : \_\_\_\_\_

08) Religion : \_\_\_\_\_ 09) Nationality : \_\_\_\_\_

10) Mother Tongue : \_\_\_\_\_ 11) Place of Birth : \_\_\_\_\_ (Village/Town/City)

District : \_\_\_\_\_ State / Union Territory : \_\_\_\_\_ Country : \_\_\_\_\_

12) Present Address : \_\_\_\_\_

Pin Code : \_\_\_\_\_ Phone : \_\_\_\_\_ Mobile : \_\_\_\_\_

13) Permanent Address : \_\_\_\_\_

Pin Code : \_\_\_\_\_ Phone : \_\_\_\_\_ Mobile : \_\_\_\_\_

14) E-mail Address : \_\_\_\_\_

15) Name and Number of the person to be contact during emergency : \_\_\_\_\_

16) Name of the Family Doctor : \_\_\_\_\_ Phone : \_\_\_\_\_

## 17) Information About Family :

	Name	Age	Education	Occupation	Office Phone No.
Father :					
Mother :					
Brother / Sister :					
Brother / Sister :					

## 18) Educational performance in last three years :

Class	School / College	Marks Obtained	Percentage

## 19) Subjects : (Select optional subjects for Science faculty only)

<b>Arts</b>	Marathi	English	History	Pol. Sci.	Geography	Economics		
<b>Commerce</b>	Marathi <input type="checkbox"/> IT <input type="checkbox"/>	English	S. P.	O. C. M.	Accounts	Economics	Banking (Only for Com. Eng.)	
<b>Science</b>	Marathi <input type="checkbox"/> IT <input type="checkbox"/>	English	Physics	Chemistry	Biology <input type="checkbox"/>	Geography <input type="checkbox"/>	Mathematics <input type="checkbox"/>	Bifocal (Electronics/C.S.)

Student's Signature

Parent's Signature

Class Teacher's Signature

Principal's Signature

**For Office Use Only - Admission Details**

Admission No.	Admission Date	Check List	Total Fee	Installment 1	Installment 2	Installment 3	Installment 4

Admission Code No.

Class :	Division :	Medium :
---------	------------	----------

Bus Route No. :	Bus Stop :	Bus Fare :
-----------------	------------	------------

**Submitted Documents**

- ☐ 01. Birth Certificate  
☐ 02. Adhar Card  
☐ 03. School Leaving / Transfer Certificate  
☐ 04. Previous Mark Sheet  
☐ 05. Medical Certificate  
☐ 06. Attendance pf the previous school (if applicable)  
☐ 07. Zilla Parishad Education Officer's permission letter for admission (if applicable)  
☐ 08. Caste Certificate (if applicable)  
☐ 09. Student's Passport size Photograph (6)  
☐ 10. Student's Family (4 x 6 size) Photograph  
☐ 11. Bus route / Stop detail form  
☐ 12. Check List

Place :

Date :

Authorised Signatory