

Online Registration For MHT-CET-2024

Application Form



GOVERNMENT OF MAHARASHTRA
STATE COMMON ENTRANCE TEST CELL, MAHARASHTRA STATE
 8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001. (M.S.)

Application Form for Online Registration For MHT-CET-2024

Application No. : **241450783** Version No : **1**

Personal Details

Candidate's Full Name	SHINDE AKANKSHA SHAHAJI
Father's Name	SHAHAJI
Mother's Name	ASHWINI
Marital Status	UnMarried
Spouse's Name	-
Gender	Female
Date of Birth	19/08/2006
Religion	Hindu
Region	Rural
Mother Tongue	Marathi
Annual Family Income	9,00,001 - 10,00,000
Nationality	Indian
MHT-CET-2024 Application Fee Paid (₹)	2000/-



Permanent Address

Address Line 1	At-Diksal, Post-Marawade		
Address Line 2	At-Diksal, Post-Marawade		
Address Line 3	--		
State	Maharashtra	District	Solapur
Taluka	Mangalvedhe	Village	Diksal
PIN Code	413319		

Address for Correspondence

Address Line 1	At-Diksal, Post-Marawade		
Address Line 2	At-Diksal, Post-Marawade		
Address Line 3	--		
State	Maharashtra	District	Solapur
Taluka	Mangalvedhe	Village	Diksal
PIN Code	413319		
Telephone No	- 9503714005		

Domicile and Category Details

Are you Domiciled in the State of Maharashtra?	Yes
Category	Open
Wish to Apply for EWS (Economically Weaker Section) Seats ?	No
Belongs to Caste	Hindu-Maratha
Are you Person With Disability ?	No
Belongs to Minority Category	No
Linguistic Minority	NA
Religious Minority	NA
Orphan Details	
Are you Orphan?	No

Qualification Details

SSC / Equivalent Details

SSC/Equivalent Passing Year	2022
SSC/Equivalent Percentage	75.80
SSC/Equivalent Board	Maharashtra State Board of Secondary and Higher Secondary Education, Pune
State From Which you Passed SSC/Equivalent	Maharashtra

HSC / Equivalent Details

Are you Appearing /Appeared 12th (HSC) exam in 2024	Yes
---	-----

MHT-CET-2024 Examination Details

Subject Group for MHT-CET-2024	Both(PCM and PCB) (Physics, Chemistry, Mathematics and Biology)
Language for the Question Paper	English
State for MHT-CET-2024 Examination Center	Maharashtra
Exam Center District at Preference Number 1	Solapur
Exam Center District at Preference Number 2	Sangli
Exam Center District at Preference Number 3	Pune
Exam Center District at Preference Number 4	Kolhapur

Document Uploaded

Sr. No.	Document Name
1.	Aadhaar Card

Declaration**I agree to the following conditions**

I have gone through the information brochure and understand the eligibility and qualifying criteria.

The information filled by me is true to the best of my knowledge.

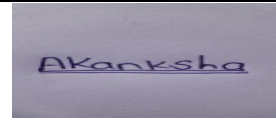
I understand I will be liable for penal action for submitting incorrect information.

Date : **19/02/2024**

Last Modified By : **241450783, 2401:4900:8139:febd:f1b7:436a:b474:1424, 172.71.13**

Last Modified On : **19/02/2024 1:59:10 PM**

Printed On : **19/02/2024 1:59:31 PM**



Signature of Applicant
(**SHINDE AKANKSHA SHAHAJI**)