

Form no

Price : 10.00

Abbreviated name of the College}
(To be entered by the College Office/
Department) -----



SOLAPUR UNIVERSITY, SOLAPUR SKILL DEVELOPMENT CENTER EXAMINATION FORM

TO, THE DIRECTOR,
SKILL DEVELOPMENT CENTER,
SOLAPUR UNIVERSITY, SOLAPUR.

Sir,

I request permission to present myself at the ensuing _____
Examination at the centre _____.

Yours faithfully,

Place :

Date : Signature of candidate

I. PERSONAL PARTICULARS

- 1) Name in full in CAPITAL LETTERS :
(as per 10th/12th/ Degree Certificate)
- 2) Also in Devanagari Script :
- 3) Residential Address :
.....
.....
- 4) Name of the Course :
- 5) Name of the Centre :
- 6) Address of the centre :

II. CERTIFICATE TO BE SIGNED BY THE HEAD OF THE INSTITUTE

I certify that Shri /Smt. _____

Has attended the lecture and practical work of prescribed course in this institution.

Number of days on which lecture were delivered	No. of days attended	Remarks

I further certify that to the best of my knowledge and belief, he/she is a person of good moral conduct and he/she has been permitted to appear at the Examination of the course of

Place :

Signature of Principal/ Co-ordinator

Date :



NAAC Accredited-2015
B Grade (CGPA 2.62)

SOLAPUR UNIVERSITY, SOLAPUR SKILL DEVELOPMENT CENTER

HALL TICKET

Space For
Photograph Paste
One Recent
Photograph of
Identity Card Size
Black & Whit
Only
Please do not pin
or Staple
Paste the
Photograph neatly

- 1 Name (in Block Letters) :
- 2 Name of the Examination :
- 3 Centre of the Examination :
- 4 Name of the Papers : 1.
Appear for 2.
3.
4.
5.
6.
7.
8.

Signature of the Candidate

**Signature of Head of the
Department/Principal**