

		<p align="center">SOLAPUR UNIVERSITY SOLAPUR Solapur - Pune National Highway, Solapur-413255, Maharashtra (India) College Name : Application Form March/Oct 20 Examination</p>				Identity size photo paste here
To, The COE, Solapur University, Solapur, I request the permission to present myself at the <input type="text"/> Exam to be held in March/Oct 20 for the papers mentioned below.			Exam Fee - Cap/mod - Stat - Total -			
College Code:						
Personal Information:						
Full Name:			Mother`s Name :			
Name in Devanagari (Marathi):						
Gender:	DOB:	Religion:	Cast:	Category:		
Address for Correspondence:						
Pin Code:		Contact No:		E-Mail:		
Sub-Code	Subject Name -	Theory	Sub-Code	Subject Name -	Theory	
		<input type="checkbox"/>			<input type="checkbox"/>	
		<input type="checkbox"/>			<input type="checkbox"/>	
		<input type="checkbox"/>			<input type="checkbox"/>	
		<input type="checkbox"/>			<input type="checkbox"/>	
		<input type="checkbox"/>			<input type="checkbox"/>	
		<input type="checkbox"/>			<input type="checkbox"/>	
		<input type="checkbox"/>			<input type="checkbox"/>	
Details of last Exam:						
Exam:	Seat No:	Month& Year:	Center:			
Documents Attached:						
1.					<input type="checkbox"/>	
2.					<input type="checkbox"/>	
3.					<input type="checkbox"/>	
4.					<input type="checkbox"/>	
Declaration: I hereby that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.						
Place:	Date:	Student`s Signature:		Principal`s Signature& seal		
Staff Signature:						