



**NEW REGISTRATION FORM FOR CH. SHAHU MAHARAJ  
MAHARASHTRA REIMBRUREMENT SCHEME 2016-17  
(To be submitted to Regional office through Institute)**

<b>Personal Details</b>			
Application ID			
Candidate Name			
Gender		DOB (DD/MM/YYYY)	
<b>Candidature Type</b>			
Category		Mother Tongue	
Religion		Region	
<b>Admission Details</b>			
Admission Year			
Program Type			
Institute Code			
Institute Name			
Course Name			
Choice Code		Seat Type	
Admission Date		Reporting Date	
CAP Round		CAP Merit No	

**UNDERTAKING**

The above given information is correct as per submitted for registration of course through Central Allotment Process for the Admission for A.Y. \_\_\_\_\_.

Date:

(Candidate Signature)

The above information given by the Candidate is correct and as per documents verified for the candidate he / she is eligible for this scheme and also with the institute record the information is verified, pl. provide Registration number to above candidate to apply for the scheme.

Date:

(Signature of Head of institute with Stamp)