

Pro forma – A

(For Type – C Candidates)

(For sons and daughters of Central Government / Government of India undertaking employees)

CERTIFICATE

This is to certify that Shri / Smt. is an employee in the capacity of in

(Designation) (Name of the Organisation / Establishment/Department)

This Organisation / Establishment / Department is under
(Department of Central Government / Government of India undertaking)

Shri / Smt. is transferred to in Maharashtra State vide transfer order No..... Dated.....

He / She has joined duty in Maharashtra on and is currently working in the same post.

This certificate is issued for the purpose of his / her son / daughter’s admission to First /Direct Second Year of course in MBA/MCA/ME/M.Arch/M.Pharm/M.HMCT/ BE Engineering and Technology / Pharmacy / Architecture/ Hotel Management and Catering Technology for the academic year 2017-18.

Outward No.&Date:

(Signature)

Place :

Name & Designation
of the Head of the office

Seal of the Office

Note : This pro forma is to be accompanied by attested copy of :

- 1) Transfer order
- 2) Joining report

Pro forma B-1

(For Type D Candidates-)

(For sons and daughters of Maharashtra State Government/Maharashtra State Government undertaking employees)

CERTIFICATE

This is to certify that Shri / Smt. is an employee in the capacity of in

Designation) (Name of the Organisation / Establishment / Department)

This Organisation/Establishment /Department is under

Department of Maharashtra State Government / Maharashtra State Government undertaking.

Shri / Smt. is transferred to/fromIn/out of

Maharashtra State vide transfer order No..... Dated.....

He / She has joined duty in/out of Maharashtra State on and is currently working in the same post.

This certificate is issued for the purpose of his/her son/daughter’s admission to First /Direct Second Year of course in MBA/MCA/ME/M.Arch/M.Pharm/M.HMCT/ BE Engineering and Technology / Pharmacy / Architecture/ Hotel Management and Catering Technology for the academic year 2017-18.

Outward No.&Date :

(Signature)

Place :

Name & Designation
of the Head of the

office

Seal of the Office

Note : This pro forma is to be accompanied by attested copy of :

- 1) Transfer order
- 2) Joining report

Pro forma B-2

(For Type D Candidates)

(For sons and daughters of Maharashtra State Government/ Maharashtra State Government undertaking retired employees)

UNDERTAKING

This is to undertake that I,, have retired from the service from the post of of in
Designation) (Name of the Organisation /Establishment / Department)

This Organisation / Establishment / Department is under
Department of Maharashtra State Government / Maharashtra State Government undertaking.

I have retired on and settled in _____ taluka _____ district -- _____ .

This undertaking is submitted for the purpose of my son/daughter’s admission to First /Direct Second Year of course in MBA/MCA/ME/M.Arch/M.Pharm/M.HMCT/ BE Engineering and Technology / Pharmacy / Architecture/ Hotel Management and Catering Technology for the academic year 2017-18.

Place :
Date :

(Signature)
Name

Note : This pro forma is to be accompanied by attested copy of :

- 1) Pension Pay Order.
 - 2) Proof of settlement (Ration Card/ Electricity Bill/Aadhaar Card/ Telephone Bill/ Property Document/ Election Card).
-

PROFORMA -F

**(For P-1, P-2, and P-3 Candidates)
(For Persons with Disability Candidates)**

Name and address of the Institute / Hospital
Certificate No.

Date

Recent Photograph
of the candidate
showing the
disability duly
attested by the
chairperson of the

DISABILITY CERTIFICATE

This is certified that Shri/Smt./Km. son/wife/daughter of
Shri age..... sex..... identification mark (s)..... is suffering
from permanent disability of following category :-

A. Locomotors or cerebral palsy:

- (i) BL-both legs affected but not arms.
- (ii) BA-Both arms affected (a) Impaired reach (b) Weakness of grip
- (iii) BLA-Both legs and both arms affected
- (iv) OL-One leg affected (right or left) (a) impaired reach (b) Weakness of grip (c) Ataxic
- (v) OA-One arm affected (a) Impaired reach (b) Weakness of grip (c) Ataxic
- (vi) BH-Stiff back and hips (Cannot sit or stoop)
- (vii) MW-Muscular weakness and limited physical endurance.

B. Blindness or low vision

- (i) B-Blind (ii) PB-Partially Blind

C. Hearing impairment

- (i) D-Deaf (ii) PD-Partially Deaf

(Delete the category, whichever is not applicable)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re- assessment of this case of not recommended/is recommended after a period of years months*.

3. **Percentage of disability in his/her case is _____ percent.**

4. Sh./Smt./Kum. _____ meets the following physical requirements for discharge of his/her duties.

- (i) F-can perform work by manipulating with fingers Yes/No
- (ii) PP-can perform work by pulling and pushing Yes/No
- (iii) L-can perform work by lifting Yes/No
- (iv) KC-can perform work by lifting Yes/No
- (v) B-can perform work by bending Yes/No
- (vi) S-can perform work by sitting Yes/No
- (vii) ST-can perform work by standing Yes/No
- (viii) W-can perform work by walking Yes/No
- (ix) SE-can perform work by seeing Yes/No
- (x) H-can perform work by hearing/speaking Yes/No
- (xi) RW-can perform work by reading and writing Yes/No

(Dr.) (Dr.) (Dr.)
Member Member Member
medical Board Medical Board Medical Board

Countersigned by the Medical
Superintendent/CMO/
Head of Hospital (with seal)

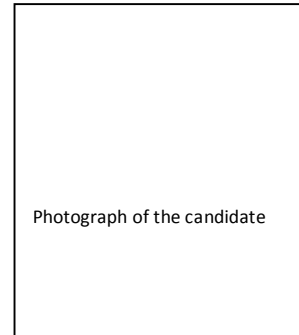
*Strike out which is not applicable

Proforma-F-1

(For Person with Disability Candidates)

P3 (Learning Disability) Candidates

CERTIFICATE



Name :

Age :

Date of Birth :

Date of Registration : L.D.No.

Father's Name :

Std. : School Name :

Physical & Neurologic Assessment (Date :)

Psychologic Assessment (Date :)

WISC (R) Verbal IQ :

Performance IQ :

Global IQ :

Interpretation:

Educational Assessment (Date:)

WRAT : R
S
A

Certified that:

1. The percentage of Challenged is not less than 40% and is equal to%.
2. The disability is permanent in nature.
3. The candidate is capable of carrying out all activities related to theory and practical works as applicable to degree course in Engineering/Technology without any special concessions and exemptions.
4. This Certificate is issued as per the provisions given in the Person with Disability Act, 1995 and its amendments.

This certificate is issued for the purpose of his/her admission to First /Direct Second Year of course in MBA/MCA/ME/M.Arch/M.Pharm/M.HMCT/ BE Engineering and Technology / Pharmacy / Architecture/ Hotel Management and Catering Technology for the academic year 2017-18.

Recommendations:

(Name and Signature Of Issuing Authority)

Outward No.& Date:

Seal of the Office

Pro forma - G1

(For Candidates from Maharashtra and Karnataka disputed Border Area)

CERTIFICATE

This is to certify that Shri / Smt. (candidate himself/herself) is a resident of Village inTaluka District. This village is a village which exists in Maharashtra Karnataka disputed border area.

This certificate is issued for the purpose of his / her ward's / candidate's admission to First /Direct Second Year of course in MBA/MCA/ME/M.Arch/M.Pharm/M.HMCT/ BE Engineering and Technology / Pharmacy / Architecture/ Hotel Management and Catering Technology for the academic year 2017-18.

Outward No. & Date : District Collector/ Deputy Commissioner/
District Magistrate/Additional District Magistrate/
Place : Taluka Executive Magistrate

Pro forma - G2

(For Candidates from Maharashtra and Karnataka disputed Border Area)

CERTIFICATE

This is to certify that Mr. /Miss is a student of this school / College. He / She has passed Std. X / Std. XII / Diploma / B. Sc. examination from this school/college located in Maharashtra Karnataka disputed border area. His / Her mother tongue is Marathi and he / she has passed Std. X / Std. XII examination with Marathi as one of the subjects.

This certificate is issued for the purpose of his / her admission to First /Direct Second Year of course in MBA/MCA/ME/M.Arch/M.Pharm/M.HMCT/ BE Engineering and Technology / Pharmacy / Architecture/ Hotel Management and Catering Technology for the academic year 2017-18.

Outward No. & Date :
Place: Head Master /Principal
School/ College

Seal of the School / College

Pro forma - J
(For sons and daughters of Defence / Paramilitary force / I.A.S. / I.P.S. / I.F.S. / J& K
Police officials posted in Jammu / Kashmir to combat terrorist activities)

CERTIFICATE

Ref. No.

Date:

This is to certify that Shri / Smt. is an official belonging to Defence / Paramilitary force / I.A.S. / I.P.S. / I.F.S. / J& K Police presently posted and working at which is treated as disturbed area in Jammu & Kashmir.

This certificate is issued for the purpose of his/her son/daughter’s admission to First /Direct Second Year of course in MBA/MCA/ME/M.Arch/M.Pharm/M.HMCT/ BE Engineering and Technology / Pharmacy / Architecture/ Hotel Management and Catering Technology for the academic year 2017-18.

Outward No.&Date :

Head of the Office

Place :

Seal of the Office

Proforma - K
(For Jammu / Kashmir Migrant Candidates)
(Migrants staying in refugee camps)

CERTIFICATE

Ref. No.

Date:

This is to certify that Mr./ Miss. belongs to a family residing in this refugee camp after being displaced after 1990 due to terrorist activities in Jammu and Kashmir. The detail of refugee status is as under.

Ration card Number:

Name of the members on the ration card:

This certificate is issued for the purpose of his / her admission to First /Direct Second Year of course in MBA/MCA/ME/M.Arch/M.Pharm/M.HMCT/ BE Engineering and Technology / Pharmacy / Architecture/ Hotel Management and Catering Technology for the academic year 2017-18.

Outward No. & Date:

Name & Signature of Head of the Office

Place:

Migrant/Refugee Camp

Seal of the Office

Pro forma - L

(For Refugees staying with relatives)

(Displaced Jammu / Kashmir Candidates staying with relatives / friends in India other than Migrant / Refugee camp)

CERTIFICATE

Ref. No.

Date:

This is to certify that Mr./Miss. is a displaced person from Jammu & Kashmir after 1990 due to terrorist activities in Jammu and Kashmir. He/She is staying with

.....
(Name and complete address of the Person with whom the candidate is staying at present)

..... since pastyears.

This certificate is issued for the purpose of his / her admission to First /Direct Second Year of course in MBA/MCA/ME/M.Arch/M.Pharm/M.HMCT/ BE Engineering and Technology / Pharmacy / Architecture/ Hotel Management and Catering Technology for the academic year 2017-18.

Outward No. & Date :

Name & Signature of District

Collector

Place :

Seal of the Office

Pro forma - O

(For seats under Minority Quota)

MINORITY COMMUNITY STUDENT'S SELF DECLARATION

I, _____ Son/Daughter/of _____
Resident of (full address) _____

_____ hereby declare that

I belong to the Muslim/Sikh/Christian/Buddhist/Jain/Zoroastrian (Parsi)/Jew* religious minority community

and / or

for deciding my candidature for linguistic minority, my mother tongue is _____.

Date: _____

Signature of Candidate: _____

Place: _____

Name of Candidate: _____

(*strike out whichever is not applicable)

Proforma- H

(रुपये १००/-च्या नॉन ज्युडीशियल स्टॅम्पपेपरवर खाली नमूद केलेले हमीपत्र सादर करावे)

हमीपत्र

मी.....(उमेदवाराचे नाव)असे हमीपत्र देते/देतो की, जर मी
.....या अभ्यासक्रमाच्या प्रवेश प्रक्रियेच्या वेळी अथवा प्रवेश
निश्चित करताना जात/जमात वैधता प्रमाणपत्र सादर करू न शकल्यास --

१. जात/जमात वैधता पडताळणी करून घेण्यासाठी आवश्यक ती सर्व कागदपत्रे
मी प्रवेश घेतलेल्या संस्थेत दि. १४.०८.२०१७ पर्यंत सादर करेन.
२. जात/जमात वैधता प्रमाणपत्र मिळवून दिनांक १४/११/२०१७ पर्यंत ते संस्थेकडे
सादर करण्याची सर्वस्वी जबाबदारी माझी असेल.
३. जात/जमात वैधता प्रमाणपत्र प्रवेश झालेल्या संस्थेत दिनांक १४/११/२०१७
पर्यंत सादर करू न शकल्यास किंवा माझे जात/जमात वैधता प्रमाणपत्र
कोणत्याही कारणास्तव मिळण्यास ऊशीर झाल्यास पर्यायाने
..... या अभ्यासक्रमासाठी मिळालेला प्रवेश रद्दबातल
झाल्यास त्याची जबाबदारी माझी असेल व त्यासाठी शासन, राज्य सामायिक
प्रवेश परीक्षा कक्ष , किंवा तंत्रशिक्षण संचालनालय,म.रा., मुंबई हे जबाबदार
राहणार नाहीत.

विद्यार्थ्याची स्वाक्षरी व दिनांक :

विद्यार्थ्याचे नांव :

जातीचा / जमातीचा प्रवर्ग :

अॅप्लीकेशन आय डी :