Government of Maharashtra

## ISTITUTE OF SCIENCE

(Post Graduate Education & Research) Nipat Niranjan Nagar, Caves Road, Aurangabad.

## **REGISTRATION FORM**

Paste Recent Photograph Only

No.	Receipt No.:
Name in full beginning with surname (In Capital Letters)	
2. Permanent Address	
Tel. No Fax	E-mail
3. Address for Communication	
Tel. No Fax	E-mail
4. Male/Female	5. Religion
Date of Birth (As per last Transfer)     Certificate / S.S.C. Certificate	
7. Nationality (Please mention the State to wich you belong	8. Aadhar Card No
9. Rural/Urban 10	). Whether in Service : Yes/No.
<ol> <li>Name of the college last attended and d admission applicant studied for Degree Examination</li> </ol>	late of
12. Name fo the University from which the Degree Examination is passed	
13. No. of years in which the B.Sc. Course is completed	

Name of the Optional Subjects	Marks o	btained/Total N	d/Total Marks Prescribed			Percentage (%) of marks in		
- p	B.Sc. I B.Sc. II B.Sc.		.Sc. III	Total	Optiona	Optional Subject		
First Language								
Second Language								
14.Please state t		•	•					
15.Whether PTC certificate and qu			hip hold	ler, if so att	ach necessa	ry copy of		
16.Physically har			ach pho	tocopy of F	PH certificate	).		
		Declara						
The information of admission to the objection.	institute ma	y be cancelled	immedia	-				
Checklist of enclosed Marks memo		copies (Putູ∕M led, A.T.K.T. & F	•	B.Sc. I.II. 8	& III year			
■ Marks memo	and Certifica	tes of S.S.C. &	,		,			
<ul><li>Transfer Cert</li><li>Caste and Cr</li></ul>		Certificate (for re	eserved	category ca	andidates)			
Domicile Cer	tificate (for ca	indidates other t			•			
■ Photo copy o	f Aadhar Car	d.						
Date :				6.1		<b>.</b>		
Place :	Signature of the Student  Name							
For office use only								
SSC% HSC%	UG Agree%	Total marks	of C	Optional%	Attempts	Verified by		
		Languages at	UG			Sign		
Remark :								