Form Fees Rs. 10/-

Punyashlok Ahilyadevi Holkar Solapur University

Solapur - Pune Highway , Solapur - 413255, Maharashtra (India)

Application Form for Examination, NOV/DEC 2020

Branch name:

To,
The COE, P.A.H.SOLAPUR UNIVERSITY, Solapur.
Sir,
I request the permission to present myself at the exam to be held in NOV/DEC 2020 for the papers mentioned below.

Form No.

PRN : **College :**

Personal Information

Full Name : **Mother's Name :**

Write Name in Devanagari (Marathi) :

Gender : **DOB :** **Religion :** **Caste :** **Category :**

Address for Correspondence :

Pin Code : **Telephone No. :** **E-Mail :**

Subject Opted for the Examination

Part	Subject Name	Part	Subject Name

Details of last Exam

Exam : **Seat No. :** **Month & Year :**

Fees Details :

Documents Attached

1.
2.
3.

Declaration : I here by declare that all statements made in this application are true complete and corretct 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 reject.

Place :	**Date :**	**Student's Signature (Please sign strictly in the box shown below)**	**Principal's Signature & Seal (Please sign in the box shown below)**
Specimen Signature:			