

Admission Form-School Education Stream Post Graduate Diploma in e-Education in Digital Society Academic Year 2017-18				Practicing Place Code:	Please paste a passport size (35 mm X 45 mm) Photograph here, Do NOT staple. <u>Photo should not exceed the borders.</u>									
For Practicing Place use only →	Course Admitted to: PG-DEEDS		Division: Roll No: NA							Kindly read important notes before filling-in form: 1. Use black ink to fill in the form and Do NOT overwrite. 2. Fill in all fields in CAPITAL letters only. 3. Strike-off whichever is NOT applicable. E.g. If you are a Male :-> Gender: Male / <del>Female</del> 4. All fields are compulsory.				
	Admission date: / /			Form No:										
Course applied for:				PG-DEEDS		↑ Student should <u>sign strictly inside</u> this box only with black ink.								
Course Part or Semester applied for (e.g. 1/ 2/ 3/ 4):			Year I (Sem I & II) Year II (SEM III & IV)											
<b>1. Personal Information Section</b>														
	<i>Last Name</i>		<i>First Name</i>			<i>Middle Name</i>								
Name of the Student: (In case of changed name, write current name)														
Name of the Student: (In local language)														
Name of the Student as printed on Std. 10 Passing Certificate														
Father's/Husband's Name:														
Mother's Name:														
Previous name of the Student: (In case of changed name)														
Reason for name change: Willingly / After Marriage				Marital Status: Unmarried / Married/Divorced/ Widowed/Desserted										
Date of Birth (DD/MM/YYYY): / /					Gender: Male / Female									
Place of Birth:			Blood Group (with Rh):											
Religion:			Citizen of (country name):											
Student's Location Category: Rural/ Urban/ Tribal														
Address for Correspondence														
State:		District:		Tehsil:			City/Town/Village:							
Address (House No, street/area/suburb, etc.)								PIN Code: [ ] [ ] [ ] [ ] [ ] [ ]						
Permanent Address [Write only if different than 'Address for Correspondence']														
State:		District:		Tehsil:			City/Town/Village:							
Address (House no, street/area/suburb etc.)								PIN Code: [ ] [ ] [ ] [ ] [ ] [ ]						
<b>Contact Details</b>														
Phone # 1:	STD Code:	Phone No:			Phone #2:	STD Code:	Phone No:							
Email ID:	* Mobile number:			*(Shall be used for Academic Communication)										
<b>2 * Legal Information Section</b> (Note: Information captured only to fill up mandatory fields of the Admission Form)														
Domicile of State:		Category: Open / Reserved		If Reserved: SC / ST / DT(A) / NT(B) / NT(C) / NT(D) / OBC / SBC										
Caste:		Sub-Caste:		If Physically Challenged: Visually Impaired / Speech and/or Hearing Impaired / Orthopedic Disorder or Mentally Retarded										
<b>3 * Social Information Section</b> [Check (√) whichever is applicable]														
Ex-Serviceman/Ward of Ex-Serviceman								Member of Project Affected Family						
Active-Serviceman/Ward of Active-Serviceman								Member of Earthquake Affected Family						
Freedom Fighter/Ward of Freedom Fighter								Member of Flood / Famine Affected Family						
Ward of Primary Teacher								Resident of Tribal Area						
Ward of Secondary Teacher								Kashmir Migrant						
Deserted/Divorced/Widowed Women								Not Applicable (NA)						
<b>4. Guardian Information Section</b>														
Occupation of the Guardian: Service / Business / Profession / Farmer / Laborer / Retired						Annual Income of the Guardian (Rs.): (last financial year)								
Relationship of guardian with applicant:						Phone No.:								

Please Turn Over...

**5. Educational Details Section** [Write 'YES' in last column, against the qualifying examination, on basis of which you are seeking admission to the said course. Write NO in front of other examinations] **Please Note: 10<sup>th</sup> and 12<sup>th</sup> Details are mandatory. In case you have Diploma, then diploma details are mandatory**

Last College Attended:				Year:		Roll No.:		
Name of Examination	Name of Board /University	Name of School/College	Date of Passing (DD/MM/YY YY)	Examination Seat No. (Last)	Degree / Passing Certificate No.	Grade / Total Marks Obtained	Out of	Qualifying Examination? (YES/NO)
Std 10 <sup>th</sup> *								
Std 12 <sup>th</sup> */ Diploma								
Graduation								
Other								

**6. Attached Documents and Certificates Section (Please attach documents not submitted earlier)**

Sr. No.	Name of Document/Certificate	Original / Attested True Copy	Attached (Yes/No)
1	Statement of Marks of Std 10 <sup>th</sup> *	Attested True Copy (Mandatory)	
2	Statement of Marks of Std 12 <sup>th</sup> *	Attested True Copy (Mandatory)	
3	Statement of Marks of Degree	Attested True Copy (Mandatory)	
4	Leaving Certificate	Attested True Copy (Mandatory)	
5	Affidavit for changed name/ Marriage Certificate and Govt. Gazette	Attested True Copy (Mandatory)	

**7. Other Information Section** (Note: Information accepted only to fill up mandatory fields of the Admission Form)

Mother Tongue:	
Hobbies, Proficiency and Other Interests:	
Games and Sports participation: Level (e.g. college/state/national/international etc.):	
Personal Identification Marks:	1. <input type="text"/> 2. <input type="text"/>

**8. Declaration about Practicing Place**

<b>Practicing place available:</b>	<b>Yes:</b> <input type="checkbox"/>	<b>No:</b> <input type="checkbox"/>
This is the place where you are associated as a teacher/trainer/field-worker, etc. You will be able to solve developmental issues and problems of your practicing place and improve your practicing place using the knowledge gained during this program.		

**9. Declaration by Student**

I hereby declare that, I have read the rules related to admission and the information filled in by me in this form is accurate and true to the best of my knowledge. I will be responsible for any discrepancy, arising out of the form signed by me and I undertake that, in absence of any document the final admission will not be granted and/or admission will stand cancel.

**I am aware of the Maharashtra Prohibition of Ragging Act, 1999 and I state that I will abide by all the rules and regulations of the said Act.**

**Place:**  **Date:**  **Signature of the student:**

**10. For College/Institute/Practicing Place Use Only**

Designation	Remarks / Particulars / Recommendations	Signature and date
Admission Clerk		
Admission Committee		
Accountant/ Cashier	FY	
	SY	
Registrar/Office Superintendent		
Principal/Director		

**Note:** Student **MUST** retain photocopy of completely filled in admission form (both pages) for future reference. Available information in this form will be required to activate his/her account on Digital University Portal.

Submit scanned copy of duly filled admission form on [pgdeeds@mkcl.org](mailto:pgdeeds@mkcl.org)