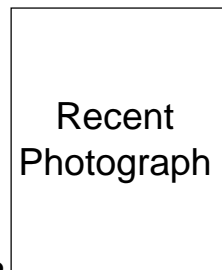




**Form A**

**ENROLLMENT FORM**



READ THE INSTRUCTIONS GIVEN FORM

A I. FORM 'A' IS FOR ALL STUDENTS.

II. TO BE COMPLETED BY THE STUDENT IN HIS / HER  
HANDWRITING IN  
DUPLICATE

Name of the School :-.....

Course in which admission is sought :.....

1. Candidate Name : .....

(As per 12<sup>th</sup>/Graduation/Post Graduation Certificate)

2. Father/Husband Name : .....

3. Mother Name .....

4. Sex : Male/ Female

Blood Group :.....


5. Date of Birth :.....

Birth Place :.....

6. Caste :.....

Category :.....



  
**REGISTRAR**  
D. Y. PATIL DEEMED TO BE UNIVERSITY  
NERUL, NAVI MUMBAI - 400706




2. Aadhar No.....
3. Name of the Qualifying Examination Passed:.....
4. Board / University from which passed :.....
5. Month & Year of Passing :.....
6. College / Institution from which passed :.....

Marks obtained at the Qualifying Examination:

Sr.No.	Subject	Maximum Marks	Marks Obtained	Class Obtained
I				
II				
III				
IV				
V				
VI				
VII				
VIII				

7. Occupation of Father/ Guardian : .....
10. Address for Correspondence : .....
11. Permanent Residential Address : .....
12. Telephone No. with STD Code: .....
13. Residence : .....



  
**REGISTRAR**  
D. Y. PATIL DEEMED TO BE UNIVERSITY  
NERUL, NAVI MUMBAI - 400706



**D Y PATIL**  
DEEMED TO BE  
UNIVERSITY  
NAVI MUMBAI

Candidate Mobile .....

E-mail : .....

Place; Navi Mumbai

Date : ...../...../.....

**Signature of the Students**

**(FOR OFFICE USE ONLY)**

Certified that the entries made by the candidate regarding his / her marks at the qualifying examination and Date of Birth have been verified from the original copied of the: Mark Statement issued by the Board / University and School / College Leaving /Birth Certificate and found that he / she is eligible for admission to the course as per rules of the University and he / she is enrolled.

**Seal of the School**


**Head of the Institute**

Roll No. allotted to the Candidate

**NOTE :**

1. This form must be filled in duplicate. One copy be retained in the College Instituted Register of the University.



  
**REGISTRAR**  
D. Y. PATIL DEEMED TO BE UNIVERSITY  
NERUL, NAVI MUMBAI - 400706



**D Y PATIL**

DEEMED TO BE  
UNIVERSITY

NAVI MUMBAI

2. Cast & Category to be mentioned by the candidates belonging to the backward classes supported by attested certificates.
3. The attested copies of the Mark statement of SSC/HSC/Degree, School/ College leaving certificate/ Birth certificate/ Domicile certificate/Gap certificate/Fitness certificate are to be attached with application. Original to be submitted to the college office for verification.
4. Students from Boards/Universities from the other states must bring migration certificate.


**(FOR OFFICE USE ONLY) ELIGIBILITY ENROLLMENT**

Sr. No.	Name of the Student	Case No.	Certificate No.	Date

Seal of the University

Registrar



  
**REGISTRAR**  
D. Y. PATIL DEEMED TO BE UNIVERSITY  
NERUL, NAVI MUMBAI - 400706



**(To be filled by the Students from Other States/ Boards / University)**


**Form B -I**

**PARTICULARS OF THE QUALIFYING EXAMINATION (HSC OF EQUIVALENT)  
PASSED FROM OUTSIDE MAHARASHTRA BOARDS**

- a. Year & Month of Passing  
: .....
- b. Name of the Examination passed  
: .....
- c. Name & Address of the institution through which appeared for HSC or equivalent examination:.....  
.....
- d. Medium of Examination  
: .....
- e. Subject offered  
: .....
- f. Division / Class / Grade obtained  
: .....

**Form B-II**



  
**REGISTRAR**  
D. Y. PATIL DEEMED TO BE UNIVERSITY  
NERUL, NAVI MUMBAI - 400706



PARTICULARS OF EXAMINATION APPEARED / PASSED BY THE CANDIDATES  
OR TERM/S KEPT FOR THE SAME AFTER PASSING THE QUALIFYING  
EXAMINATION


- Name of the Examination  
: .....
- Name of the School/ College  
: .....
- Name of Board / University  
: .....
- Medium of Examination  
: .....
- Year of Appearance / Passing / Keeping Term/s  
: .....
- Class / Grade obtained therein  
: .....

PARTICULARS : REGARDING EDUCATION GAP AFTER QUALIFYING  
EXAMINATION

(PLEASE MENTION THE PERIOD OF GAP DULY SUPPORTED BY THE  
AFFIDAVIT)

Period of Gap : .....year/s..... Months.



  
REGISTRAR  
D. Y. PATIL DEEMED TO BE UNIVERSITY  
NERUL, NAVI MUMBAI - 400706




**Form B - III**

**(PARTICULARS REGARDING TRANSFER FROM OTHER UNIVERSITY)**

- Name of the Examination  
:.....
- Name of the College / Institution: .....
- Name of Board / University: .....
- Medium of Examination: .....
- Specify the clinical subject/s offered: .....
- Year of Appearance / Passing / Keeping Term/s :.....
- Number of attempt (if any) :.....
- Class / Grade obtained there in :.....
- Relevant Council's letter No. & Date authorizing inter-university transfer  
(Only for Medical & Dental College Student)



  
**REGISTRAR**  
D. Y. PATIL DEEMED TO BE UNIVERSITY  
NERUL, NAVI MUMBAI - 400706




- Form B is required to be filled in by the students who have passed the qualifying examinations from the Board other than the regional boards of Maharashtra State or Secondary and Higher Secondary examination.
- Those who have either joined other course after qualifying examination or having gap after it **AND CERTIFICATE TO BE ISSUED BY THE HEAD OF THE INSTITUTE.**

This is to certify that I have checked the eligibility form and the enclosed documents. I have attested the requisite documents. I have apprised the student regarding the cut-off-date notifications issued by the University for grant of term and necessary records have been maintained in the college showing the number of students eligible for 1<sup>st</sup> and 2<sup>nd</sup> term of each educational year.

**Seal of the School**

**Head of the Institute**



  
**REGISTRAR**  
D. Y. PATIL DEEMED TO BE UNIVERSITY  
NERUL, NAVI MUMBAI - 400706