

I

DO NOT FOLD THE FORM



UNIVERSITY OF MUMBAI

Application for Admission to the F.E. (Sem.- I) (Revised Course) Examination

For University office use

IMPORTANT INSTRUCTION : This form will be scanned. Therefore, enter all particulars neatly in CAPITAL letters with Dark Black Ink.

To be entered by the College Office (Don't use RUBBER STAMP for college code number)

Admission Type Exam. Session Year College code No. Application No.
 1 = Provisional 1 = First Half
 0 = Non - Provisional 2 = Second Half

BRANCH:

To be entered by candidate.

1. NAME Surname
 First / Own Name
 Father's/Husband's First Name
 Mother's First Name

2. The above name in DEVANAGARI SCRIPT (in Marathi)

Surname

First Name

Father's/Husband's Name

Mother's Name

3. COMPLETE POSTAL ADDRESS

PIN Tel./Mob. No. (if any)

4. SEX

1 = Male
 2 = Female

5. EBC / Non - EBC.

1 = EBC
 2 = Non - EBC

6. CATEGORY

0 = Open 4 = NTB
 1 = SC 5 = NT1
 2 = ST 6 = NT2
 3 = DTA 7 = OBC/SBC

7. STUDENT TYPE

1 = Student
 2 = Ex - Student

7. A

1 = Phy. H.C.
 2 = Blind

8. Subjects offered

Marks Obtained

Paper	Subject Code	SUBJECT NAME	Average of 2 Test	Theory Marks +	Term Work+	Oral
<input type="checkbox"/>	0 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	0 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	0 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	0 4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	0 5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	0 6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	0 7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Year in which kept term for F.E.(Sem - I) 20 - 20

10. CENTRE OF EXAMINATION

11. To be filled in by Repeater

Last Seat Number Month Year
☐☐☐☐☐☐ ☐☐ ☐☐☐☐

Centre Number

Centre Name

☐☐☐

Candidate will not be allowed to change centre once selected

To

The Controller of Examinations,
 University of Mumbai,
 Mumbai - 400 098

Sir,

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same accordingly and the information furnished above is correct.

Place : _____

Date : _____

Signature of the Candidate

Certificate from the Head of Institution / Principal

I certify that his/her enrolment/eligibility (for admission to the course) has been confirmed by the University vide letter No. _____ dated _____ and that he/she is to the best of my knowledge and belief, a person of good conduct and has my permission to appear at the ensuing M.P.Ed. (Sem-II) Examination. I also certify that information furnished by the candidate in the examination form is correct.

Place : _____

Date : _____

Principal's Signature

College Seal