Sophia Shree Basant Kumar Somani Memorial Polytechnic Bhulabhai Desai Road, Mumbai - 400 026

ADMISSION FORM - ART DEPARTMENT

(Before filling up the from please read the instruction given overleaf)

Please complete this form in BL	OCK LETTERS		Application No.		
To, The Principal			Photo		
The Principal Dear Sir, I hereby desire to apply for admission in Course. I will abide by the rules and regulations of the Institution. I agree to sa of the Institution. I will remain present regularly in the Institution and complete the give My particulars are as follows: 1. Full Name of the Student: Surname NAME FATHER'S NAME 2. Complete Address a) Local Tel B) Permanent Tel B) Permanent And enclose Government/State Certificate in support 6. Date of Birth: And enclose Government/State Certificate in support 6. Date of Birth: Other Languages Known 8. Father/Mother/Guardian's Full Name: Surname Address: Tel. No.: Profession: Monthly Income:			_		
Course.					
	es and regulations of the Institu	ution. I agree to safeg	uard the name and prestige		
I will remain present	regularly in the Institution and	d complete the given	classwork on time.		
My particulars are a	s follows:				
1. Full Name of the Studen	t:	FATHER'S NAME	MOTHER'S NAME		
2. Complete Address					
		Tel, No	o		
	B) Permanent				
		Tel. No	0		
3. Nationality :		Religion :			
4. Do you belong to the Ba	ckward Community :	YES /	NO		
	t/State Certificate in support				
6. Date of Birth :	Birth place :	Dist	State		
7. Mother Tongue :	Other Langua	iges Known			
8. Father/Mother/Guardian	's Full Name :	Citte			
	Tel. No.:				
Profession :	Month	ly Income :			
9. Name of the High Schoo	ol/College Last Attended :				
Address :					

Educational Qualifications	Month	Year	Centre	Seat No.	Maximum Total Marks	Marks obtained	Percentage	Grade	
1. S.S.C. or equivalent									
examination passed.									
Maharashtra Government									
Intermediate Drawing Grade Examination.									
2 a) If you have taken Art as one of the subjects in									
S.S.C. mention the grade obtained.									
3 Special Study in									
Foundation /Elementary/		l)							
Intermediate / Advanced/ A.T.D.									
57									
11. Interests / Hobbies	:								
I hereby certify that	the above	mentione	d informati	on is true	to the bes	t of my kn	owledge.		
Place :									
Date :						Арр	licant's Sig	nature	
N.B. 1. For each class	admission,	fill up se	parate forn	n.					
2. Application for If forms are inc the forms will n	omplete or	copies o	of the conce	erned test	ndwriting. imonials / c	certificates	s are not su	bmitted,	
		F	or Offic	e Use					
Verified the infor are not clear.	mation give	en in this	application	form. It is	s found to b	e correct	/ the follow	ing point	
Merit Number :									
			-	nature			Signatur		
Admission granted / no	ot granted		Class	Teacher			Principo	ıl	
						Date	3		
Receipt Number	Date		Am	ount					
							Signature c	of clerk	
(COL	INTERFO	OIL TO	BE GIV	/EN TO	THE S	TUDEN	IT)		
Name of the Institution : Sophia Polytechnic					Ар	Application No.			
	А	CKNOW	LEDGME	NT OF RE	ECEIPT				
eceived from : Smt. / Ku	m					Duly filled	d in applica	tion form	
da	ted		for	E.				Course	
on				The selec	cted candid	ates merit	list will be p	out on the	
no	tice board	on							
		5 <u>2</u> 0 m	gay casa		927	0207 11			
Date		Signatur	re of the Cle	erk	Sto	imp of Inst	titution		

Maximum