

## DR.PANJABRAO DESHMUKH KRISHI VIDYAPEETH

KRISHI NAGAR, AKOLA – 444 104 ( MAHARASHTRA )

APPLIC	CATION FORM	I FOR ENROLMENT	
		ENRO	DLMENT NO
То,			
The Registrar			
Dr. Panjabrao Deshmukh Krishi Vidyapeeth, A	kola		
Sir,			and the transfer of the same
I May Please be enrolled as student ir Deshmukh Krishi Vidyapeeth,Akola till this da	-	• •	•
		own hand writing in Capit	al Letters )
1) Name in full(Surname)		 (Name)	(Middle Name)
2) Date of birth (In Figures)			•
( Date of birth certified by Board of Secretary			
·		•	
3)Father's Name in full			
Occupation of father			
Address			
4)ReligionNationality		Mother tounge	Casto
5)Whether belongs to SC/ST/NT/VJ/SBC/OBC			
6) Name of course to which admission is requ			
7) Information of qualifying examination reco			
a) Name of examination			
b) Name of Board / University			
c) Year of passingd) I			
f) State Division / Designation etc. here			
g) Name of School / College last attende			
h) Subject of qualifying examination			
(Decl	aration by stud	lent)	
solemnly declare that the information given			the best of my knowledge and as
per original certificates/testimonials produce			•
of admission.			
		Yours	Faithfully
		(Signature o	of the student)
	/ Fan Office I	Inn Only \	
Date on which (Student ) admitted in college	( For Office L		
Receipt No			
250/- is deposited in college.			<u> </u>
This is to certify that I have duly verified the a	pplication of t	he student Shri / Ku	
And upon through scrutiny of his/her original	• •		
admission to this College and eligible for enro	lment.Further	all the articles stated by	the said student are correct and

have been duly verified from his original certificates/testimonials, admitted by him.

Associate Dean / Principal (Signature & Seal of College)