| | | COLLEGE OF KAM | F EN OTH | GINEERI IE, NAVI I | DHI MISSIO NG AND TE MUMBAI - 4 Or Admiss | CHNO 10209 | LOGY, | | | |
|--------------------------------------|--------------|---------------------------------------|---------------------------|-----------------------|--|---------------|--------------------|--------------|--|--|
| | | | - | oplication | ion | | | | | |
| First Admission | | Student UID: | 2022-23 Admission Informa | | | | | | | |
| Academic Year Year (SE/TE/BE/ME): | Date: | | | | | | Student Photo | Parent Photo | | |
| Division: | | Course Name | | | | | | | | |
| Shift: | | | | tudent Signa | atura | | | | | |
| Smit. | | Porcon | | formation | | | | | | |
| Student Name | | Ferson | | ormation | | | | | | |
| (English) Student Name | (Surname) | (First | (Middle Name) | | | | | | | |
| (Marathi/Hindi) | (Surname) | t Name) | (Middle Name) | | | | | | | |
| Mobile No.: | | Email ID: | mail ID: | | | Occu | pation: | | | |
| Employment Sector: | | Designation: | | | | | Organization Name: | | | |
| Marilal Olator | | Student Sp | ecifi | c Informatio | on | Physi | cally | | | |
| Marital Status: | | Blood Group: | | | | Handi | capped: | | | |
| Landline No: Domicile State of | | NRI-POI: Employment | | | | Nation | - | | | |
| Student: | | Status: | nor l | eaving Cor | tificate | Identi | fication Mark: | | | |
| Date of Birth: | | Birth Place: | | eaving Cer | lincale | Birth | State Name: | | | |
| Religion: | | Cast: | | | | Sub C | Caste: | | | |
| Category: | | Mother Tongue: | | | | | | | | |
| | | Other Inform | ation | of the Stu | dent | | | | | |
| Father Name: | (Surname) | | (First | t Name) | | | (Middle Na | me) | | |
| Mobile No.: | | Email ID: | | | | - | pation: | | | |
| Employment Sector: | | Designation: | | | | Orgar | nization Name: | | | |
| Mother Name: | (Surname) | | (First | Name) | | | (Middle Nan | ne) | | |
| Mobile No.: | | Email ID: | | | | Occup | pation: | | | |
| Employment Sector: | Designation: | | | | | | inization Name: | | | |
| Annual Income(Father): | | | An | inual Income | e(Mother): | | | | | |
| Guardian Name: | | | | | | - | | | | |
| Mobile No.: | Email ID: | | | | | Occu | pation: | | | |
| Employment Sector: | | Designation: Organization Name: | | | | | | | | |
| | 1 | Addı | ress | Details | | | | | | |
| Permanent Address: | | | | | District: | | | | | |
| City/Tahsil: | | | | | State: | | | | | |
| Country: | | | | | Near Police Station: | | | | | |
| City Pattern: | | | | | Zip Code: | | | | | |
| Correspondence Address: | | | | | District: | | | | | |
| City/Tahsil: | | | | | State: | | | | | |
| Country: | | | | | Near Police Station: | | | | | |
| City Pattern: | | | | | Zip Code: | | | | | |

| A -1 | | | | | | Quai | ification | Details | | | | | | | |
|---|--|--|-------------------------------------|--------------------------------------|--|---|---|---|---|---|--|---|---|-----------------------------|--|
| Admitted in institu | ute to | | |] FE | | | DSE | | ME | 1 St Year | | | | | |
| Year | | | | | Resu | lt | | | | | | arks (Specify KTs) | | | |
| Admission Ye | ar | | gible to ar Pas | | o next year | Drop | | | | Interr | al | | Ex | ternal | |
| Admission Year | r + 1 | | gible to ar Pas | | next year | | | | | | | | | | |
| Admission Year | r + 2 | Eligible to go to next year Clear Pass Drop | | | | | | | | | | | | | |
| Admission Year | r + 3 | | gible to ar Pas | | next year | Drop | | | | | | | | | |
| Admission Year | r + 4 | | gible to ar Pas | | next year | ext year | | | | | | | | | |
| | | | | | | Fee | e Informa | tion | | | | | | | |
| Admission Year | | Adm | | | ission Date | | Recei | ber Amour | | | nt Paid | | | | |
| Admission Year+ | 1 | Adm | | Admi | ssion Date | | Receipt Nu | | pt Numbe | ıber | | Amount Paid | | | |
| Admission Year+2 | 2 | Ad | | Admi | ission Date | | | | pt Numbe | er | Amc | | ount Paid | | |
| Admission Year+3 | 3 | A | | Admi | dmission Date | | Rec | | pt Numbe | er | | Amount Paid | | | |
| Admission Year+4 | 4 | Adm | | Admi | ission Date | | | | pt Numbe | er | | Amou | Amount Paid | | |
| Scholarship: | | | | | Scholarship 1 | | rship Info | ormation | | Cast Categor | V | | | | |
| Aadhar Card | | | | Parent Annual | | | | | Hosteller/Day | | | | | | |
| No.: | | | | Income: | | | | | | Scholar: | | | | | |
| Bank A/c No.: | | IFSC Code: MICR Code: | | | | | | | | Bank & Branch Name : | | | | | |
| | | | 1 | | A | dmission I | Documen | t Informa | ition | | | | 1 | | |
| Document | Sta | tus | Docu | ument | | | | | | ocument Status | | | | | |
| heets(Xerox) | | Caste Vali | | | /alidity Xerox (If applicable) | | | | All Fee F | All Fee Receipts (Xerox) | | | | | |
| BI Receipt Printo | 3I Receipt Printout | | | | Undert | | | | | | | | | | |
| I have no understar I will abid regulation I admission | ot con nd that le all r ns of M | icealed a t I am liab rules and Mahatma | ny ma le to c regula Gandř | ateria crimir ation: ni Mis | e application al information nal procedure s of the atter ssion's Colleg | form is tr howeve and I als ndance a je of Eng h | rue and α er any ir so agree s stipula ineering uereby ι | correct. formation to forgo ted by and Teo ndertak | on subn o my sea Universit chnology te that | nitted herei t in enginee y of Mumb v, Kamothe whatever r | n is fo ering de ai. I wi Navi M ame I | und frau egree co Il also al Aumbai. have g | idulent a urse. pide all tl given at | ne rules and the time of | |
| on any gr | ounds | | | | | | | | | | | _ | | | |
| | | ad the inf | | | urnished by am liable for | | | /ward a | ind affirr | n that, it is | true. | - | - | Signature it is proved | |
| Place: | | Date: | | | | | | | | Signature of Father/Mother/Guardian | | | | | |
| | | | | | | | | | se Only | | | | | | |
| Eligible fo | r Admis | ssion Year | to | | C | urrent Aca | demic Ye | ar (FE/S | E/TE) | | | Branch | | | |
| Shift | | | | Ca | ategory | | | | UID No | | | | | | |
| | | | | | | | Si | gnature w | ature with Date | | | | | | |
| | | | | | | | | | | | | | | | |
| Signature | of Fac | ulty | | | | | | | | idity | | | | | |
| Recommended for Admission Year to | | | | | Remark By HOD | | | | | | | | | | |

Principal/Director