

NOTICE FOR FIRST YEAR STUDENTS
(ELIGIBILITY 2021-22)

1. It is mandatory to fill up the eligibility form for all first year students. All students should fill this form as per the specimen form and submit it on the email id of studentsection@aitpune.edu.in along with the **Xerox copies** of the following documents

- a) 12th Marksheet
- b) Transfer Certificate
- c) HSC Migration
- d) 12th Passing Certificate
- e) Gap Affidavit on 100 Rs. stamp paper (if applicable). Students should write the specific gap period i.e from _____ to _____. (Gap affidavit is applicable only for those students who have passed their 12th Std. before May 2021. If Students have taken admission in any other college after 12th Std. they should provide their Migration and TC of that particular college only).

2. Students should write their name on the eligibility form as mentioned in the 10th and 12th Marksheet only.

3. Specimen form is available on second page of this notice. Blank eligibility form and format of GAP affidavit are available on AIT website.

4. Online eligibility forms should reach to the students section on or before **10th Dec 2021**, on the above mentioned email Id. Failing to submit the same, their eligibility will not be cleared by University.

***IMP Note-** Write your Merit No, Branch and Roll No, on the top of the Eligibility form and short address on the bottom of the eligibility form after student's signature.



(Signature)
(Dr B P Patil)
Principal

Copy to-

Director
Joint Director
Principal

} for information please

HOD ASGE -

Kindly info students

Specimen
Form N.

Write your
Merit no -

SAVITRIBAI PHULE PUNE UNIVERSITY



Application for Eligibility (For Under Graduate Courses only)

Roll No/Admission No.
(for office use only)

Form fees:Rs.50/-

I wish to apply for the Eligibility for the academic year : 20 21- 20 22

1. Name of the Course to which Admission is sought: Alloted. Branch name:- Year: 1st / 2nd / 3rd / 4th / 5th

2. Name of the Applicant (in English Capital Letters)
Name as per last Mark sheet should be mentioned. N.R.I. Student should write their name as it appears in their Passport.
As per 12th M. Sheet

3. Mother's Name: As per 12th m.s.s 4. Aadhar No.: _____

5. Mobile No.: _____ 6. PAN No.: _____

7. Email Id: _____ 8. Type: Maharashtra / Non-Maharashtra

9. Nationality: Indian 10. Religion: _____

11. Gender: Male/Female/Transgender 12. Date of Birth: _____
DD MM YYYY

13. Category (Tick mark in applicable box) please tick in applicable box

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open	SC	ST	DT(A)	NT(B)	NT(C)	NT(D)	OBC	SBC	SEBC	EWS

(If you belong to any of the Reserve category attach a certificate of a Competent Authority in Support of it.)

1) Do you belong to DT(A), NT(B), NT(C), NT(D), OBC, SBC, SEBC or EWS? Yes / No
(If yes submit the Non-Creamy layer certificate of a Competent Authority in support of it.)

14. Are you Physically Disabled? Yes / No (If yes please specify type : _____)*

15. Particulars of the Qualifying Examination

1.Name of the Course: 12th std.

2.Duration of the Course: one A.Y of 12th std.

3.Name of the University: Write your Board Name CBSE / Maha. / or any other

4.Name of the College/Institute/University Dept.: Write your 12th school name

Seat No.	Month & Year of Passing	Percentage	Class/Grade
<u>12th Seat no -</u>	<u>May 21</u>	<u>overall.</u>	

5. Please specify Educational gap details if any - if applicable

Last Examination Name	Seat No.	Month & Year of Passing	Percentage	Class/Grade

16. Are you belong to the Minority? Yes / No (if yes please specify type which has given below)

Linguistic: Religion:

Signature of Candidate

Village _____ State _____ Dist _____

write your address in short

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3. Mother's Name: _____

4. Aadhar No.: _____

5. Mobile No.: _____

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8. Type: Maharashtrian / Non-Maharashtrian

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10. Religion: _____

11. Gender: Male/Female/Transgender

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DD MM YYYY

13. Category (Tick mark in applicable box)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2.Duration of the Course: _____				
3.Name of the University: _____				
4.Name of the College/Institute/University Dept.: _____				
Seat No.	Month & Year of Passing	Percentage	Class/Grade	
5. Please specify Educational gap details if any				
Last Examination Name	Seat No.	Month & Year of Passing	Percentage	Class/Grade

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