Form No:......
Price Rs. 100/-



D.Y. PATIL EDUCATION SOCIETY DEEMED TO BE UNIVERSITY, KOLHAPUR

(MD/MS/PG Dip.) EXAMINATION FORM

FOR OFFICE USE ONL	Y		
College Code: 01	Exam Code:	Exam Month & Year:.	
Fees Rs.:	Receipt No:		
The Controller of Examina D. Y. Patil Education Soci Deemed To be University Kolhapur – 416 006.			I-card Photo With student's signature
	Forn	n – II	
Sir, I request permission to pre	sent myself at the Uni	iversity Examination:	
Month/Year/	Exam Name:	E	xam Code:
PRN:	Name:		
(name exactly as it appear	rs on MBBS Certifica	te. Any change is to be sup	ported by applicable
certificate/gazette notifica	tion/affidavit)		
Gender: M/F	Aadhaar I	No. (optional):	
Father's Name:			
Mother's Name:			
Permanent Address:			
		Pin:	
Present Address:			
		Pin :	
Tel. No.: ()		Mobile No.:	
E-mail address:			
Appearing Fresh	ater Please √ Wh	ichever is applicable	

DECLARATION

- 1. I hereby declare that I have not taken any attempt (including the present one) in excess of the maximum attempts permissible by Statutory Bodies / University for the said examination.
- 2. I hereby declare that I have gone through the syllabus prescribed and relevant rules of the University.
- 3. I shall be responsible if my application form is rejected for any error, wrong or incomplete entries made by me in the examination form.

Yours faithfully

Date:- Place:- Kolhapur	Signature of the Candidate
	ge, fulfills the attendance requirement of the
Date:- Place:- Kolhapur	Registrar
CERTIFICATE TO BE SIGNED B	Y THE HEAD OF THE INSTITUTION
student of this college and has satisfactorily attend 1. His /Her attendance is not less than 80%.	g for (sequential no. of the present attempt)
Particulars of enclosures attached, Photo copy of mark statement of latest examination	on, eligibility letter etc. (In case of repeater)
Date: Place:- Kolhapur	Signature & Seal of the Dean