

**Pro forma - A**

(To be issued on the Printed Letter Head of the concerned office)

**(For Type – C Candidates)**

**(For sons and daughters of Central Government / Government of India undertaking employees)**

CERTIFICATE

This is to certify that Shri/Smt ..... is an employee in the capacity of ..... in .....  
(Designation) (Name of the Organization/ Establishment/ Department)

This Organization / Establishment / Department is under .....  
(Department of Central Government / Government of India undertaking)

Shri/Smt..... is transferred to ..... in Maharashtra State vide transfer order No..... Dated..... He / She has joined duty in Maharashtra on ..... and is currently working in the same post.

This certificate is issued for the purpose of his/her son/ daughter ..... 's admission to First /Direct Second Year of Diploma course in Engineering and Technology/ Pharmacy/HMCT for the academic year 2021-22.

Outward No. & Date:  
Place :

( Signature )  
Name & Designation  
of the Head of the office

Seal of the Office

Note : This pro forma is to be accompanied by attested copy of :

- 1) Transfer order
- 2) Joining report

**Pro forma B - 1**

*(To be issued on the Printed Letter Head of the concerned office)*

**(For Type D Candidates-)**

**(For sons and daughters of Maharashtra State Government/Maharashtra State Government undertaking employees)**

CERTIFICATE

This is to certify that Shri / Smt. .... is an employee in the capacity of ..... in .....  
(Designation) (Name of the Organization/ Establishment/ Department)

This Organization/Establishment /Department is under .....  
Department of Maharashtra State Government / Maharashtra State Government undertaking.

Shri / Smt. .... is transferred to/from..... In/out of Maharashtra State vide transfer order No..... Dated.....

He / She has joined duty in/out of Maharashtra State on ..... and is currently working in the same post.

This certificate is issued for the purpose of his/her son /daughter ..... 's admission to First /Direct Second Year of Diploma course in Engineering and Technology/ Pharmacy/HMCT for the academic year 2021-22.

Outward No. & Date :

Place :

(Signature)

Name & Designation  
of the Head of the office

Seal of the Office

Note : This pro forma is to be accompanied by attested copy of :

- 1) Transfer order
- 2) Joining report

**Pro forma B - 2**

**(For Type D Candidates)**

**(For sons and daughters of Maharashtra State Government/ Maharashtra State Government undertaking retired employees)**

UNDERTAKING

This is to undertake that I,....., have retired from the service from the post of..... in.....  
(Designation) (Name of the Organization/ Establishment/ Department)

This Organization / Establishment / Department is under .....  
Department of Maharashtra State Government/ Maharashtra State Government undertaking.

I have retired on ..... and settled in .....taluka.....district.....

This undertaking is submitted for the purpose of my son/daughter ..... 's admission to First /Direct Second Year of Diploma course in Engineering and Technology /Pharmacy/HMCT for the academic year 2021-22.

(Signature)

Place :

Date :

Name:

Note : This pro forma is to be accompanied by attested copy of:

- 1) Pension Pay Order.
- 2) Proof of settlement (Ration Card/ Electricity Bill/Aadhaar Card/ Telephone Bill/ Property Document/ Election Card).

**Pro forma - C**

*(To be issued on the Printed Letter Head of the concerned office)*

(For Def-1, Def-2 and Def-3 Candidates)

**(For sons and daughters of defense service personnel)**

CERTIFICATE

This is to certify that Shri. / Smt ..... ,  
(Full Name of the Employee with Rank of the employee)  
is/has been a member of Armed forces of India. He/ She has put in .....years of  
service in Indian Army / Indian Navy / Indian Air Force from ..... to .....  
and is currently working / retired from services on ..... /permanently disabled since  
..... / killed in action on .....

This certificate is issued for the purpose of his/her son/daughter ..... 's  
admission to First /Direct Second Year of Diploma course in Engineering and Technology/  
Pharmacy/HMCT for the academic year 2021-22.

Outward No. & Date:

Place :

( Signature)

Name and designation  
of the Authority not below the rank  
of Commandant or equivalent /  
District Sainik Welfare officer

Seal of the Office

*Note:-*

- 1. This certificate is not to be issued for the Civilian Staff working in the Indian Army/Navy/Airforce.*
- 2. For Def-1 and Def-2 candidates, above pro forma is to be accompanied by attested copy of Domicile certificate of parent who is in active service or ex-serviceman.**

**Pro forma - D**

(To be issued on the **Printed Letter Head** of the concerned office)

(For Def-3 candidates)

**(For sons and daughters of Active defense service personnel not domiciled in Maharashtra State)**

CERTIFICATE

This is to certify that Shri/Smt ..... is a member of  
(Full Name of the Employee with Rank of the employee)  
Armed forces of India, and is currently working in Indian Army / Indian Navy / Indian Air  
Force. Shri/Smt. .... is transferred to ..... (Place  
of posting) in Maharashtra State vide transfer order No. .... Dated.....  
He/She has joined duty in Maharashtra on ..... And is currently working in the  
same post. (Date of Joining)

This certificate is issued for the purpose of his/her son/daughter ..... 's  
admission to First /Direct Second Year of Diploma course in Engineering and Technology  
/Pharmacy/HMCT for the academic year 2021-22.

Outward No. & Date:

Place:

(Signature)

Name & Designation  
of the Head of the office

Seal of the Office

Note : This pro forma is to be accompanied by attested copy of

- 1) Transfer order
- 2) Joining report

*Note: This certificate is not to be issued for Civilian Staff working in the Indian Army/Navy/Air force.*

**Pro forma - E (To be issued on the Letter Head of the concerned office)**

(For Def-3 candidates)

**(For sons and daughters of Active defense service personnel not domiciled in Maharashtra State but retained their family accommodation)**

CERTIFICATE

This is to certify that Shri/Smt ..... is a member of  
(Full Name of the Employee with Rank of the employee)  
Armed forces of India, and is currently working in Indian Army / Indian Navy / Indian Air  
Force. Shri/Smt. .... is presently posted at .....  
(Place of posting)

His/ Her previous posting was at ..... in Maharashtra  
State. He/ She has retained family accommodation in ..... in  
Maharashtra State on account of posting in non-family station / for education purpose of son /  
daughter.

This certificate is issued for the purpose of his/her son/daughter ..... 's  
admission to First/Direct Second Year of Diploma course in Engineering and Technology  
/Pharmacy/HMCT for the academic year 2021-22.

Outward No. & Date:

Place:

(Signature)

Name & Designation  
of the Head of the office

Seal of the Office

*Note:- This certificate is not to be issued for Civilian Staff working in the Indian Army/Navy/Air force.*

**Pro forma – F**  
**(For Persons with Disability Candidates)**

Name and address of the Institute / Hospital:

Certificate No:

Date:

**DISABILITY CERTIFICATE**

This is to Certify that Shri/Smt/Ku.....

Son/daughter/wife of Shri.....

Age ..... Sex ..... Identification mark(s).....

1. Is suffering from permanent disability of following category

A. Locomotors or cerebral palsy

- (i) BL-both legs affected but not arms
- (ii) BA-Both arms affected (a) Impaired reach (b) Weakness of grip
- (iii) BLA-Both legs and both arms affected
- (iv) OL-One leg affected (right or left) (a) impaired reach (b) Weakness of grip (c) Ataxic
- (v) OA-One arm affected (a) impaired reach (b) Weakness of grip (c) Ataxic
- (vi) BH-Stiff back and hips (Cannot sit or stoop)
- (vii) MW-Muscular weakness and limited physical endurance

B. Blindness or low vision

- (i) B-Blind
- (ii) PB-Partially Blind

C. Hearing impairment

- (i) D-Deaf
- (ii) PD-Partially Deaf

(Delete the category, whichever is not applicable)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

Reassessment of this case of not recommended/is recommended after a period of .....years ..... Months\*.

3. Percentage of disability in his/her case is .....percent.

4. Shri./Smt/Ku.....Meets the following physical requirements for discharge of his/her duties.

- |        |   |        |
|--------|---|--------|
| (i)    | F-can perform work by manipulating with fingers | Yes/No |
| (ii)   | PP-can perform work by pulling and pushing      | Yes/No |
| (iii)  | L-can perform work by lifting                   | Yes/No |
| (iv)   | KC-can perform work by lifting                  | Yes/No |
| (v)    | B-can perform work by bending                   | Yes/No |
| (vi)   | S-can perform work by sitting                   | Yes/No |
| (vii)  | ST-can perform work by standing                 | Yes/No |
| (viii) | W-can perform work by walking                   | Yes/No |
| (ix)   | SE-can perform work by seeing                   | Yes/No |
| (x)    | H-can perform work by hearing/speaking          | Yes/No |
| (xi)   | RW-can perform work by reading and writing      | Yes/No |

(Dr. \_\_\_\_\_  
Member Medical Board

(Dr. \_\_\_\_\_  
Member Medical Board

(Dr. \_\_\_\_\_ )  
Member/Chairperson Medical  
Board

\*Strike out which is not applicable

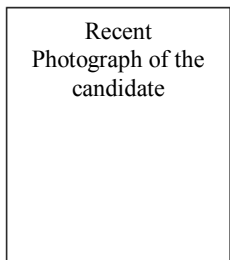
Countersigned by the Medical Superintendent/CMO/  
Head of Hospital (with seal)

Recent  
Photograph of the  
candidate showing  
the disability duly  
attested by the  
chairperson of the  
Medical Board

**Pro forma – F1**  
*To be issued on the **Letter Head** of the concerned office*  
**(For Persons with Disability Candidates)**  
For Learning Disability Candidates

**CERTIFICATE**

Name:.....  
Age :.....  
Date of Birth:.....  
Date of Registration : ..... L.D. No:.....  
Father's Name : .....  
Std : ..... School Name :



Physical & Neurologic Assessment (Date : ..... )

Psychologic Assessment (Date : ..... )

WISC ( R ) Verbal IQ  
Performance IQ  
Global IQ

Interpretation:

Educational Assessment (Date: ..... )

WRAT : R  
S  
A

Certified that:

1. The percentage of Challenged is not less than 40% and is equal to .....%.
2. The disability is permanent in nature.
3. The candidate is capable of carrying out all activities related to theory and practical works as applicable to degree course in Engineering/Technology without any special concessions and exemptions.
4. This Certificate is issued as per the provisions given in the Person with Disability Act, 1995 and its amendments.
5. This certificate is issued for the purpose of his/her admission to Diploma course in Engineering/Technology for the year 20..../....

Recommendations:

(Name and Signature  
of Issuing Authority)

Outward No.& Date:

Seal of the Office

**Pro forma – F2**

*To be issued on the Letter Head of the concerned office  
(For Persons with Disability Candidates)*

**CERTIFICATE OF DISABILITY**

Certificate No.....

Dated.....

Name of the Designated Disability Center  
.....

Recent Passport  
Size Photograph  
of the candidate  
duly attested by  
the issuing  
Authority

This is to Certify that Mr./Mrs/Ms.....  
aged ..... years Son/Daughter of Mr.....  
R/o.....

has the following Disability (Name of the Specified Disability).....  
and has Permanent Physical Impairment (PPI) with the Disability Range (in percentage) of  
.....( in words) ..... (in Figures).

Please tick on the “Specified Disability”

(Assessment may be done on the basis of Gazzete of India, Extraordinary, Part II, Section 3  
Sub-section (ii), Ministry of Social Justice and Empowerment)

S/No	Disability Type	Type of Disability	Specified Disability
1	Physical Disability	<p>A. Locomotor Disability</p> <p>B. Visual Impairment</p> <p>C. Hearing Impairment</p> <p>D. Speech &amp; Language Disability</p>	<p>a. Leprosy cured person</p> <p>b. Cerebral palsy</p> <p>c. Dwarfism</p> <p>d. Muscular dystrophy</p> <p>e. Acid attack victims</p> <p>f. Others such as amputation, Poliomyelitics</p> <p>a. Blindness</p> <p>b. Low vision</p> <p>a. Deaf</p> <p>b. Hard of hearing</p> <p>a. Organic/ Neurological causes</p>
2	Intellectual disability		<p>a. Specific learning disabilities (Perceptual Disabilities, Dyslexia, Dyscalculia, Dyspraxia &amp; Developmental Aphasia</p> <p>b. Autism spectrum disorder</p>
3	Mental Behaviour		<p>a. Mental illness</p>
4	Disability caused due to	<p>a. Chronic Neurological Conditions</p> <p>b. Blood Disorders</p>	<p>i. Multiple sclerosis</p> <p>ii. Parkinsonism</p> <p>i. Haemophilia</p> <p>ii. Thalassemia</p> <p>iii. Sickle cell disease</p>

5	Multiple Disabilities including Deaf Blindness		More than one of the above specified disabilities
---	--	--	---

Conclusion: He/She is Eligible/Not Eligible for admission in Engineering/Pharmacy/HMCT Courses subject to his being otherwise medically fit.

Sign and Name  
(Concerned Specialist)

Sign and Name  
(Concerned Specialist)

Sign and Name  
(Concerned Specialist)



**Pro forma – F3**

*To be issued on the Letter Head of the concerned office*

**(For Persons with Disability Candidates)**

(In cases of amputation or complete permanent paralysis of limbs or Dwarfism and in case of blindness)

(Name and Address of the Medical Authority issuing the Certificate)

Certificate No.

Date:

Recent Passport Size Attested Photograph (Showing Face Only) of the person with disability.

This is to certify that I have carefully examined Shri/Smt./Kum...../.....  
 ..... Son/wife/Daughter of Shri.....  
 ..... Date of Birth (dd/mm/yyyy)..... Age .....  
 Years, male/female..... Registration No. .... permanent resident of  
 House No..... Ward/ Village/ Street ..... Post Office.....  
 District..... State....., whose photograph is affixed above,  
 and am satisfied that:

(A) he/she is a case of:

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is .....

1. he/ she has ..... % (in figure) ..... percent (in words) permanent locomotor disability/ dwarfism/ blindness in relation to his/her.....(part of body) as per guidelines (..... number and date of issue of the guidelines to be specified).
2. The applicant has submitted the following document as proof of residence

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/thumb impression of the person in whose favour certificate of disability is issued

**Pro forma – F4**

*To be issued on the **Letter Head** of the concerned office  
(For Persons with Disability Candidates)*

(In cases of multiple disabilities)  
(Name and Address of the Medical Authority issuing the Certificate)

Certificate No.

Date:

Recent Passport Size  
Attested Photograph  
(Showing Face Only)  
of the person with  
disability.

This is to certify that we have carefully examined Shri/Smt./Kum. ....  
..... Son/wife/Daughter of Shri.....  
..... Date of Birth (dd/mm/yyyy)..... Age .....  
Years, male/female..... Registration No. .... permanent resident of  
House No..... Ward/ Village/ Street ..... Post Office.....  
District..... State....., whose photograph is affixed above,  
and am satisfied that:

(A) he/she is a case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines ( ..... number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		
10.	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			
16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			

19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) the diagnosis in his/her case is .....

1. In the light of the above, his/ her over all permanent physical impairment as per guidelines ( .....number and date of issue of the guidelines to be specified), is as follows:

In figures ..... Percent

In words ..... Percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is :

(i) not necessary, or

(ii) is recommended/after ..... years..... months, and therefore this certificate shall be valid till ...../...../.....

(dd) (mm) (yyyy)

@ e.g. Left/right/both arms/legs

# e.g. Single eye

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

Signature/thumb impression of the person in whose favour certificate of disability is issued
--

**Pro forma - G1**

*(To be issued on the Printed Letter Head of the concerned office)*  
**(For Candidates residing in Karnataka and Maharashtra State Border Area)**

CERTIFICATE

This is to certify that Shri/Smt.....  
(Candidate himself/ herself) is a resident of ..... Village in ..... Taluka  
..... District.

This certificate is issued for the purpose of his / her ward's / candidate's admission to First /Direct Second Year of Diploma course in Engineering and Technology /Pharmacy/ HMCT for the academic year 2021-22.

Outward No. & Date :

District Collector/ Deputy Commissioner/  
District Magistrate/Additional District Magistrate/  
Taluka Executive Magistrate

Place :

Seal

**Pro forma - G2**

*(To be issued on the **Letter Head** of the concerned School/Collage)*  
**(For Candidates residing in Karnataka and Maharashtra State Border Area and having Mother tongue as Marathi )**

CERTIFICATE

This is to certify that Mr. /Miss .....  
is a student of this school/ College. His / Her mother tongue is Marathi and he / she has passed SSC/ HSC examination with Marathi as one of the subjects.

This certificate is issued for the purpose of his/ her admission to First /Direct Second Year of Diploma course in Engineering and Technology /Pharmacy/HMCT for the academic year 2021-22.

Outward No. & Date:

Place:

Head Master /Principal  
School/ College

Seal of the School / College

**Pro forma – J**

*(To be issued on the **Letter Head** of the concerned office)*

**( For sons and daughters of Defence / Paramilitary force / I.A.S. / I.P.S. / I.F.S. / J& K Police officials posted in Union Territory of Jammu and Kashmir and Ladakh to combat terrorist activities )**

CERTIFICATE

Ref. No.

Date:

This is to certify that Shri/ Smt .....is an official belonging to Defense / Paramilitary force / I.A.S. / I.P.S. / I.F.S. / J& K Police presently posted and working at ..... which is treated as disturbed area in Union Territory of Jammu and Kashmir and Ladakh.

This certificate is issued for the purpose of his/her son/daughter ..... 's admission to First /Direct Second Year of Diploma course in Engineering and Technology/ Pharmacy/HMCT for the academic year 2021-22.

Outward No. & Date:  
Place :

Head of the Office

Seal of the Office

**Proforma – K**

*(To be issued on the **Letter Head** of the concerned office)*

**(For Union Territory of Jammu and Kashmir and Ladakh Migrant Candidates staying in refugee camps)**

CERTIFICATE

Ref. No.

Date:

This is to certify that Mr./ Miss ..... belongs to a family residing in this refugee camp after being displaced after 1990 due to terrorist activities in Union Territory of Jammu and Kashmir and Ladakh. The detail of refugee status is as under.

Ration card Number:

Name of the members on the ration card:

This certificate is issued for the purpose of his / her admission to First /Direct Second Year of Diploma course in Engineering and Technology/ Pharmacy/HMCT for the academic year 2021-22.

Outward No. & Date:  
Place:

Name & Signature of Head of the Office  
Migrant/Refugee Camp

Seal of the Office

**Pro forma – L**

*(To be issued on the **Letter Head** of the concerned office)*

(For Refugees staying with relatives)

**(Displaced Union Territory of Jammu and Kashmir and Ladakh Candidates staying with relatives / friends in India other than Migrant / Refugee camp)**

CERTIFICATE

Ref. No.

Date:

This is to certify that Mr./Miss ..... is a displaced person from Union Territory of Jammu and Kashmir and Ladakh after 1990 due to terrorist activities in Union Territory of Jammu and Kashmir and Ladakh. He/ She is staying with

.....  
(Name and complete address of the Person with whom the candidate is staying at present)

..... since past years.

This certificate is issued for the purpose of his / her admission to First /Direct Second Year of Diploma course in Engineering and Technology / Pharmacy/ HMCT for the academic year 2021-22.

Outward No. & Date :

Name & Signature of District Collector

Place :

Seal of the Office

**Pro forma – M**

*(To be issued on the **Letter Head** of the concerned office)*

**(For Children's of Kashmiri Pandits / Kashmiri Hindu families (Non Migrants) living in the Kashmir valley and having domicile certificate.)**

CERTIFICATE

Ref. No.

Date:

This is to certify that Mr./Miss ..... is a son/daughter of ..... who is Kashmiri Pandits / belongs to Kashmiri Hindu families (Non Migrants) and living and domiciled in the Kashmir valley.

This certificate is issued for the purpose of his / her admission to First /Direct Second Year of Diploma course in Engineering and Technology / Pharmacy/ HMCT for the academic year 2021-22.

Outward No. & Date :

Name & Signature of District Collector

Place :

Seal of the Office

**Pro forma - N**

*(Candidate who has secured admission in any other institute shall produce certificate indicating his/ her original Leaving Certificate retained with the previous institute)*

This is to certify that Shri. / Ku. ....  
(Full name of the Candidate) has admitted and studying in this institute .....  
..... (Name of the Institute) in.....  
Branch. His /her original leaving certificate is retained by this institute. A copy of leaving certificate is attested by this institute, is enclosed.

This certificate is issued for the purpose of his / her admission to First / Direct Second year Diploma course in Engineering / Technology / Pharmacy/ HMCT for the academic year 2021-22.

Date :

Place :

Seal of the Institute/Office  
(Mandatory)

(Signature)  
Name & Designation of  
the Head of the Office

**Pro forma – O**  
(For seats under Minority Quota)

**MINORITY COMMUNITY STUDENT’S SELF DECLARATION**

I, ..... Son/Daughter/of .....  
Resident of (full address).....  
..... hereby declare that

I belong to the Muslim / Sikh / Christian / Buddhist / Jain / Zoroastrian (Parsi)\* religious minority community

and / or

as my mother tongue is not mentioned in my leaving/Transfer certificate for deciding my candidature under linguistic minority status. I under take that my mother tongue is

.....

I undertake to submit the relevant document supporting my claim for belonging to minority community as per Government Resolution minority department No. अविदि -२०१०/प्र.क्र. १०९/१०/कार्या-५, दिनांक ०१.०७.२०१३ at the time of admission to the admitted institute.

Date :.....

Signature of Candidate: .....

Place:.....

Name of Candidate: .....

(\*strike out whichever is not applicable)

Minority Institute and Candidate Belonging to the Religious/ Linguistic Minority Category		
Sr.No	Minority Institute Status	Minority Candidates Who can apply for Minority Quota
1	Linguistic Minority - Gujarathi	Linguistic Minority - Gujarathi
		Linguistic Minority - Gujarathi(Jain)
		Linguistic Minority - Gujarathi(Kutchhi)
2	Linguistic Minority - Gujarathi(Jain)	Linguistic Minority - Gujarathi
		Linguistic Minority - Gujarathi(Jain)
3	Linguistic Minority - Gujarathi(Kutchhi)	Linguistic Minority - Gujarathi(Kutchhi)
4	Linguistic Minority - Hindi	Linguistic Minority - Hindi
		Linguistic Minority - Hindi(Bhojpuri)
5	Linguistic Minority - Kannada	Linguistic Minority - Kannada
6	Linguistic Minority - Malyalam	Linguistic Minority - Malyalam
7	Linguistic Minority - Punjabi	Linguistic Minority - Punjabi
8	Linguistic Minority - Sindhi	Linguistic Minority - Sindhi
9	Linguistic Minority - Tamil	Linguistic Minority - Tamil
10	Religious Minority - Buddhist	Religious Minority - Buddhist
11	Religious Minority - Christian	Religious Minority - Christian
		Religious Minority - Christian ( Roman Catholics)
12	Religious Minority - Jain	Religious Minority - Jain



13	Religious Minority - Muslim	Religious Minority - Muslim
14	Religious Minority - Roman Catholics	Religious Minority - Christian ( Roman Catholics)
15	Religious Minority - Sikh	Religious Minority - Sikh
16	Religious Minority (Jain) & Linguistic Minority(Gujarathi)	Linguistic Minority - Gujarathi
		Linguistic Minority - Gujarathi(Jain)
		Linguistic Minority - Gujarathi(Kutchhi)
		Religious Minority - Jain
17	Religious Minority - Parsi	Religious Minority - Parsi
18	Religious Minority Muslim & Linguistic Minority Urdu	Linguistic Minority – Urdu
		Religious Minority - Muslim
19	Religious Minority - Zoroastrian	Religious Minority – Zoroastrian
20	Linguistic Minority - Gujar	Linguistic Minority – Gujar
21	Religious Minority – Parsi / Gujarathi	Religious Minority – Parsi
		Linguistic Minority - Gujarathi
		Linguistic Minority - Gujarathi(Jain)
		Linguistic Minority - Gujarathi(Kutchhi)

**Pro forma-T**

This certificate shall be issued on letter head of institute

Ref. No.

Date:

**NO OBJECTION CERTIFICATE FROM PARENT INSTITUTE**

This is to Certify that Mr/Ms..... has passed I<sup>st</sup> Sem. & II<sup>nd</sup> Sem. / first year (full pass / with one ATKT) during year 20 - , Diploma in..... He is seeking admission to Second Year (3<sup>rd</sup> Semester) in ...../DTE..... institute code through Change of Institute. I have No Objection if /she get Admission in that Institute.

Seal of institute

Principal

This certificate shall be issued on letter head of institute

Ref. No.

Date :

**NO OBJECTION CERTIFICATE FROM ADMITTING INSTITUTE**

This is to Certify that Mr/Ms..... has passed I<sup>st</sup> Sem. & II<sup>nd</sup> Sem. / first year (full pass / with one ATKT) during year 20 - , Diploma in..... from institute ..... He is seeking admission to Second Year (3<sup>rd</sup> Semester) in course ..... We have no objection for his /her transfer to our institute. No of vacancies in .....course are ..... excluding 10% additional seats for direct second year admission.

Seal of institute

Principal

**APPLICATION FORMAT FOR ADMISSION BY TRANSFER**

1. Name of the Student (In Full) : .....
2. Address for Correspondence with : .....  
Pin Code and Telephone Number .....
3. Institute and Semester where : .....  
Currently Studying .....
4. Details of the Result of Last Exams

Branch	Year/ Semester	Year of Passing	Summer/ Winter	Full pass /pass with one ATKT	Percentage
1	2	3	4	5	6

5. Institute where admission by transfer is sought: .....
6. Branch & Year /Semester in which admission: Branch.....  
Year/Semester ..... is sought.
7. Reason for asking the transfer of Institutes and Change of branch (if any):  
.....  
.....

I the undersigned state that the information stated above is true to my knowledge and belief. I am fully aware that transfer / change of institute / branch is not a right and if is upto the authority to decide my case on the basis of its merit.

Date :

Signature of Student

Documents attached:

1. All Marksheets,
2. NOC's ,
3. 1<sup>st</sup> year Admission receipt,
4. Document related to reason for asking transfer etc

**Pro forma – U**

(For candidate claiming seats reserved for Orphan Candidates)

महिला व बाल विकास विभाग, शासन निर्णय क्र. संकीर्ण-२०१३/ प्र.क्र. १०९/ का-३, दिनांक ६ जून, २०१६ आणि  
महिला व बाल विकास विभाग, शासन निर्णय शुध्दीपत्रक क्र.संकीर्ण-२०१३/प्र.क्र.१०९/का-३, ०९ मे, २०१८

अनाथ प्रमाणपत्र

संकेतांक क्रमांक

नवीन फोटो

नाव :

प्रमाणित : जिल्हा महिला व बाल विकास अधिकाऱ्यामार्फत

**बाल न्याय (मुलांची काळजी व संरक्षण) अधिनियम, २००० या अंतर्गत बाल कल्याणाच्या संस्थेत दाखल  
असलेल्या प्रवेशितांसाठी ती "अनाथ" असल्याबाबतचा दाखला**

प्रमाणित करण्यात येते की, प्रवेशित नामे..... वय वर्षे .....अंदाजित  
जन्मदिनांक ..... हा दिनांक ..... पासून ..... संस्था, मु. पो. .... ता. ....  
जिल्हा ..... या शासनमान्य स्वयंसेवी / शासकीय बालगृहात त्या संस्थेतील प्रवेशित रजिस्टरमधील  
नोंदणी क्रमांक..... नुसार दाखल झालेला ..... मुलगा / मुलगी अनाथ आहे.  
संस्थेत दाखल होण्याची पार्श्वभूमी :- (वर्णन द्यावे)

सदर अनाथ मुलास / मुलीस शासकीय / निमशासकीय / खाजगी शिक्षण / प्रशिक्षण संस्था, महाविद्यालय, औद्योगिक प्रशिक्षण  
संस्था (ITI) कार्यालय इ. यामध्ये प्राधान्याने प्रवेश देण्यात यावे. तसेच सदर मुलास / मुलीस शासकीय / निमशासकीय / खाजगी  
कंपनी / व्यवसाय / कार्यालय या ठिकाणी नोकरीसाठी प्राधान्य द्यावे.

(१) त्याच्या आई वडिलांचा ठाव ठिकाणा सर्व मार्गांचा अवलंब करूनही अद्याप लागलेला नाही. किंवा लागण्याची शक्यता  
नाही. संबंधित प्रवेशित हा अनाथ असल्याचे प्रमाणित करित आहे. तसेच त्याच्या जातीची माहिती नाही, असेही  
प्रमाणित करण्यात येत आहे.

(२) त्याच्या (नांव व पत्ता) ..... या  
नातेवाईकाचा शोध लागलेला असून, त्याचे प्रवेशिताशी नाते ..... असे आहे. नातेवाईकाशी  
जात ..... असल्याने, प्रवेशितांची जात ..... असल्याचे प्रमाणित करण्यात येत  
आहे. तसेच संबंधित प्रवेशित हा अनाथ (आई वडील नसलेला) असल्याचे प्रमाणित करण्यात येत आहे.

(क्र. (१) व (२) पैकी जे लागू नसेल ते खोडण्यात यावे.)

त्याचे भविष्य उज्ज्वल व्हावे, ही शुभेच्छा.

(गोल शिक्का)

स्वाक्षरी /-

विभागीय उपायुक्त, महिला व बाल विकास (संबंधित विभाग)

**Pro forma – V**

(For candidate claiming seats reserved for Economically Weaker Section Candidates)

सामान्य प्रशासन विभाग, शासन निर्णय क्र.राआधो ४०१९/प्र.क्र.३१/१६-अ, दि. ३१/०५/२०२१ सोबतचे सहपत्र

परिशिष्ट - अ

महाराष्ट्र शासन

प्रमाणपत्र क्र.

फोटो

वर्ष \_\_\_\_\_ करीता ग्राह्य  
आर्थिकदृष्ट्या दुर्बल घटकाच्या पात्रतेसाठी प्रमाणपत्र

सामान्य प्रशासन विभाग, शासन निर्णय क्र. राआधो ४०१९/प्र.क्र.३१/१६ अ, दिनांक ३१/०५/२०२१ अन्वये  
(आर्थिकदृष्ट्या दुर्बल घटकासाठी विहित केलेल्या १०% आरक्षणाचा लाभ घेण्यासाठी)

प्रमाणित करण्यात येते की, श्री/श्रीमती/कुमारी \_\_\_\_\_ श्री/श्रीमती \_\_\_\_\_  
यांचा/यांची मुलगा/मुलगी गाव/शहर \_\_\_\_\_ तालुका \_\_\_\_\_ जिल्हा/विभाग \_\_\_\_\_ महाराष्ट्राचे  
रहिवासी आहेत. तो/ती \_\_\_\_\_ जातीचे असून जात /पोटजात/ वर्ग चे असून सदर जात महाराष्ट्र राज्य लोकसेवा  
(अनुसूचित जाती, अनुसूचित जमाती, निरधीसूचित जमाती (वि.जा.) भटक्या जमाती (भ.ज.), विशेष मागास प्रवर्ग (वि.मा.प्र)  
आणि इतर मागास प्रवर्ग (इ.मा.व) यांच्या साठी आरक्षण) अधिनियम, २००१ (सन २००४ चा महाराष्ट्र अधिनियम ८) या मध्ये  
नमूद केलेल्या प्रवर्गांतर्गत होत नाही.

महाराष्ट्र शासन, सामान्य प्रशासन विभागाचा शासन निर्णय क्र. राआधो ४०१९/प्र.क्र.३१/१६ अ, दिनांक  
१२ फेब्रुवारी २०१९ अन्वये त्याच्या/तिच्या कुटुंबाचे स्रोतांचे एकत्रित वार्षिक उत्पन्न रु. \_\_\_\_\_/- असून, सदर  
उत्पन्न रु. ८,००,०००/- पेक्षा कमी आहे. त्यामुळे असे प्रमाणित करण्यात येत आहे की, तो/ ती यांचा आर्थिकदृष्ट्या दुर्बल  
घटकामध्ये समावेश होतो.

ठिकाण:

दिनांक:

(शिक्का)

सक्षम प्राधिकारी /तहसिलदार

स्वाक्षरी :

नाव :

पदनाम :

हे प्रमाणपत्र अर्जकर्त्याने सादर केलेल्या खालील कागदपत्र/पुरावे यांच्या आधारावर निर्गमित करण्यात येत आहे.

- १.
- २.
- ३.

(टिप: सामान्य प्रशासन विभाग, शासन निर्णय क्र.राआधो ४०१९/प्र.क्र.३१/१६-अ, दि.१२/०२/२०१९,नुसार आर्थिक दुर्बल  
घटकासाठीच्या आरक्षणाचा लाभ घेण्यासाठी पात्रता प्रमाणपत्र देण्यासाठी सक्षम प्राधिकारी म्हणून तहसिलदार यांना घोषित करण्यात  
आले आहे.)