



Bhagini Mandal Chopda's
COLLEGE OF SOCIAL WORK, CHOPDA
DIST. JALGAON

F.Y.B.S.W. Entrance Exam Form

(To be Filled by the Applicant)

Session 2023-2024.....

Course applied for.....

1. Name (in English)
 (as per 10th marksheet) (In Block Letters)
- Name (**मराठी**)
 (Which will be printed in the Degree)
2. Date of Birth : (DD/MM/YYYY)
3. Gender (Male/Female) Domicile
4. Mobile No. Tel. No. (R)(with STD code)
5. E-mail ID Adhar No.
6. Category (Gen./SC/ST/OBC/SBC/EBC/PH/MINORITY) Nationality
7. Father's Name Mobile No.
8. Mother's Name Mobile No.
9. Permanent Address: **Income**
- District State Pin Code
10. Correspondence Address :
- District State Pin Code
11. Marital Status: Married Unmarried Mother Tongue..... Blood Group.....

12. Educational Qualification:

S. No.	Name of the Exam Passed	Year of Passing	Name of the Board/Univ.	Name of the School/Inst.	Max. Marks	Obtained Marks	%age	Div.	Subject/Stream	Medium of Education
1)	10 th (S.S.C.)									
2)	12 th (H.S.C.)									

13. Name of Local Guardian Relationship
14. Address
- District State Pin Code
15. Mobile No. Tel.No. (with STD Code) E-mail.....

Signature of the Student

16. Any Gap in studies: Yes / No , if yes, period
Reason
17. Details of Entrance Examination, (if any) :- Name of Exam
Roll No. Merit/Marks Month & Year of Exam
18. The Source by which you came to know about the University : MAU Website T.V.
Other Website News Paper Advt. Name & Place
Our Students Our Alumni Our Staff Your Friends & Relatives Hoardings
19. Academic/Sports Achievements (if any)
20. Activity Group Interested : Cultural Academic/Technical Sports Literary

a.	Father's Name:	Mobile No.
b.	Occupation:	(Govt./Pvt.Job/ Self Employed/Business/Army/Farmer/Professional)
c.	Designation	Nature of Business/Profession
d.	Name of Deptt/Firm	
e.	Address	City State
f.	Office Tel. No. (with STD Code)	Fax No.
g.	Mother's Name :	Mobile No.
h.	Occupation:	(Govt./Pvt.Job/ Self Employed/Business/Army/Professional/Housewife)
i.	Designation	Nature of Business/Profession
j.	Name of Deptt/Firm	
k.	Address	City State
l.	Office Tel. No. (with STD Code)	Fax No.
m.	Name of Brother/Sister (1)	(2)
n.	Occupation (1)	(2)
o.	If student, class/course	Year/Sem. ,
p.	Name of School/College/Univ.	Place

Signature of the Parent

Signature of the Student

Place _____

Date _____