

ASM Group of Institutes

College of Commerce, Science and Information Technology (CSIT, Chinchwad)

Affiliated to University of Pune & Recognized by Govt. of Maharashtra State STP Building, 'C', Chikhali Road, Purna Nagar, Pune -411019 Tel: +91-20-27492540, 27492541, 27491455

Email: info@csitpune.org | www.csit.edu.in

Admission Application Form

Batch 20			Form No.	
Course Applied for :				
Full-Time Programs of Universit ☐ MCA (Science)	y of Pune			Please attach your recent
☐ MCA (Commerce)				passport size photograph here.
☐ M.Sc.				
Do you want a Hostel Accomoda	ation? □ Yes	□ No		
Entrance Exam Details	Roll No.	C	omposite Score —	
□ CAT □ MAT	Percentile			
□ ATMA □ MHCET	Any other (Please specify)		
Note: Photographs would be taken a	& the entire information of th	is form would be scanned. T	herefore, please write c	learly in block leters.
G	eneral Information (Please	e fill up the columns in capit	al letters only)	
1. Name (as it appears on officia	l documents, school reco	ords, passport, etc.)		
Surname		First Name	Mid	dle Name
2. Gender ☐ Male	☐ Female	3. Marital Status	☐ Single	☐ Married
4. Date of Birth (Day / Month / Ye	ear)			
5. Graduated From	☐ Maharashtra	□ Outside Mahara	shtra	

6. Nationality															
7. Category □ Open □ 9		⊐ ST	□ SC			ΠО	BC □ DTNT								
Caste & Sub cast	e:														
8. Do you have a passport ☐ Yes					□No).									
Passport No.															
Date of issue															
9. Father's (Guardian's) Name															
Sur : Mothers Name	name :			First Name					Middle Name						
Sur	name					t Name						dle N			
10. Father's / Guard	lian's Occupat	tion				Designa	tion _								
Company Name				Salary/Income (p.a)			PAN no								
11. Address															
Peri	manent Addr	ess					Corre	espon	dence <i>i</i>	Addres	ss (c	ompu	lsory))	
City:															
City:															
-															
State:	a) STD Code:		(b) Tele	ephone	Numb	er:									
State: Pin Code:			(b) Tele	phone	Numb	er:									
State: Pin Code: Contact Details (a			(b) Tele	ephone	Numb	er:									
State: Pin Code: Contact Details (a) (c) Mobile Numb	er:		(b) Tele	ephone	Numb	er:									

^{*(}Email ID is mandatory)

12. Academic Profile:

(Please list in chronological order including examinations with results pending)

		gicai oi ai		aminations wil		ts perian	19)				
Sr. No.	Name of the Examination Passed	ion School/College/		Examining Board/ University		Seat/Roll no.		Exam Date Month Year		- Degree	Results (Grades/ Percentage)
Α	Std. X										
В	Std. XII										
С	Graduation										
Any	other Qualification	ns (please sp	pecify)								
D	Course Name										
Мє	ktra & Co-cul ention the significa eet if required.			-curricular activit	ies. Only	those whi	ch are	e certified	need t	o be listed here, attac	ch a separate
Sr. No.	Achievements		Level Year		Year				Certificate Details		
14. Ple	ase list your Stre	ngths & W	eaknesses								
		Strength						We	eaknes	SS	
15. Ho	bbies and Intere	sts									
16. Ple	ease state your	long term	n career goals								

17. Full time work experience

For those with full time job experience undertaken after graduation through a valid appointment order of a recognized company with proper terms and condition including salary and work experience details. The job profile should associate with sales, marketing, human resource, operations, finance and information technology.

ate	e with sales, mark	eting, human resour	ce, operations, finance and information	n technology.	
Sr. No.	Designation	Nature of Work	Company's Name & Address	Duration From - To (mm/yy) (mm/yy)	Total Pay (Rs./ Month)
 Q Ma	edical History				
	•				
	ood Group :				
PI	ease state below a	any illness/allergies t	hat you may have along with the medi	ication that you have be	en prescribed.
Decl	aration by the Candid	late of all the informations	: :		
1 6-	roby submit mysalf += +1	ho disciplinary sutharity of th	a Institute and to rules laid down by sonsormed	stant authorities I am aware -f-t-	o fact that I need to maintain
requ	uisite attendance for the	academic and other activitie	e Institute and to rules laid down by concerned compe es by virtue of my being a student of this Institute, fai tion of the competent authority. I hereby agree to com	ling which the Institute has the	full and final authority to initi-
	-		es will be final and binding on me.		
			bility rules, procedures of admission, rules and regulation wand shall in matters on interpretation accept the deci		
			copies of certificates for clearance of eligibility, fill the		
at th	ne earliest before the last	mentioned date by the Institu	ute and University of Pune failing which I alone will be re	sponsible for further consequenc	
			I, if admitted, be dismissed and my fees will be forfeited		CIDAAD
		· ·	er failing which my term may not be granted and I will n	•	
	nis prospectus.	anagement of the institute has	s full liberty to expel me from the Institute for any infring	gement of the rules and regulation	is of conduct and discipline giv
		e in my application is true to th	he best of my knowledge and belief.		
l am	aware that the institute	reserves the right to change the	he names of courses or cancel a course as per Govt. regul	lations.	
		inges in the fees, taxes or othe	er charges that may have occurred due to changes in Shi	kshan Shulka/University/AICTE/D	TE or any other relevant author
regi	ulations.				
	Date		Place	Signature of the	applicant
e:				-	
All d	isputes subject to the leg	gal jurisdiction of Pune city.			
			I photocopies of 10th, 12th, graduation mark sheet & if	appearing for final year please p	rovide with 1st year and 2nd y
		two photographs and relevan	it score card.) by hand or Rs. 1250/- for prospectus by post, drawn in	favour of the Director IBMR Chin	ochwad Dung-10 navahle at Di
	r before the stipulated da		by fiand of hs. 1230/- for prospectus by post, drawn in	lavour of the Director, Ibivin, Chir	criwau, Furie-19, payable at Fu
— –					
			FOR OFFICE USE		
te &	centre of PI attende	d:	Admission fee R	eceipt no:	
ıoun	t of fee paid :		Course ac	dmitted in:	
			Principal / Dire	ctor :	
unse	llors:		Referred by :		