RAISONI GROUP OF INSTITUTIONS
(FOR 1ST TIME/LATERAL ENTRY ADMISSION)
ADMISSION FORM
For filling of correct CODE numbers in the form read the enclosed code sheet carefully before entering code numbers at respective places.

(To be filled in by Office)

NAME OF THE INSTITUTE _____

ACADEMIC YEAR/SESSION_____

STUDENT ID _____

SPACE FOR

PASSPORT

PHOTOGRAPH

(To be filled in by Students)
COURSE APPLIED FOR _____

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1. STUDENT'S DETAILS:

(1A) Name of Student

First Name   : _____

Middle Name   : _____

Last Name   : _____

(1B) Married (Y/N) [____]   **(1C) Gender(M/F)** [____]

D	D	M	M	Y	E	A	R

(1D) Birth Date

(1E) Blood Group [____]   **(1F)Birth Place** _____

(1G) Nationality(I/F) [____]   (1H) Birth State Code) [____]

Religion [_____]   (1l)Religion Code [____]

(1J) Category Code A [____]   **(1K)Caste**_____

(1L)Permanent Address

City [____]   *District* [____]

State [____]   *Country* [____]

Pin Code [____]   (1M) State Code [____]

Telephone No. [____]

Student's Mobile No. [____]

(1N) Category Code B [____]   (1O) Category Code C [____]

Student's E-Mail ID: [____]

Local Address :

Nearest Police Station [____]

Previous Education For Preceding 3 Years In Maharashtra (Y/N) [____]

N.R.I./P.I.O. (Y/N) [____]

Father's Domicile In Maharashtra (Y/N) [____]

Mother's Domicile In Maharashtra (Y/N) [____]

STUDENT'S PASSPORT INFORMATION:

Passport No. [____]

D	D	M	M	Y	E	A	R

Date of Issue

Date of Expiry

Visa Type(If any) [____]

D	D	M	M	Y	E	A	R

Date of Issue

Date of Expiry

---

(2) FATHER'S DETAILS :

(2A) Name [____]

Organisation [____]

Occupation [____]

Designation/Post [____]

Income [____]

E-mail ID [____]

Mobile no. [____]

(2B) Designation Code [____]   (2C) Primary Business Department Code [____]

(2D) Income Code [____]   (2E) Organisation Code [____]

Type Of Employment [____]

(Service/Self   Employment)

Office Address [____]

City [____]   Pin Code [____]

(3B) Designation Code [____]   (3C) Primary Business Department Code [____]

(3D) Income Code [____]   (3E) Organisation Code [____]

Type Of Employment [____]

(Service/Self Employment)

Postal Address [____]

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(3) MOTHER'S DETAILS :

(3A) Name [____]

Organisation [ ]

Occupation [ ]

Designation/Post [ ]

Income [ ]

E-mail ID [ ]

Mobile no. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

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(4) GUARDIAN DETAILS

(4A) Name [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Address [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

City [ ]   **District** [ ]

State [ ]   **Country** [ ]

Pin Code [ ][ ][ ][ ][ ][ ]

Telephone No. (R) [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Mobile No. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

E-mail ID [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

(4B) Designation Code [ ][ ]
(4C) Primary Business Department Code [ ][ ]

(4D) Income Code [ ][ ]   (4E) Organisation Code [ ][ ]

Type Of Employment [ ]
(Service/Self Employment)

Name Of Organisation : _____
_____

Name of Post/Designation [ ]

Office Address [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

City [ ]   Pin Code [ ][ ][ ][ ][ ][ ]

Telephone (O) [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Fax No. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

APPLICABLE/NOT APPLICABLE (Y/N) [ ]

(5) S.S.C.

Medium Of Instruction [ ]

Eng. (marks out of…………..) [ ][ ]   First lang. (marks out of …........) [ ][ ]   Second lang. (marks out of…….…..) [ ][ ]

Science (marks out of……...) [ ][ ]   Maths (marks out of …………...) [ ][ ]   Social Sci.(marks out of…..………) [ ][ ]

Technical (Marks out of …..) [ ][ ]   Year of passing [ ][ ]   Aggregate total (marks out of……........) [ ][ ]

Intermediate drawing exam pass (Y/N) [ ]   Percentage of Marks [%]

Name of Institution [ ]

Name of Education Board [ ]

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(6) H.S.S.C.

APPLICABLE/NOT APPLICABLE (Y/N) [ ]

Stream Opted For----1) Arts/2) Commerce/3) Science/4)MCVC/ 5) Tech   [ ]   Medium Of Instruction [ ]

SR.NO.	NAME OF SUBJECT	MARKS OBTAINED	MARKS OUT OF
1.			
2.			
3.			
4.			
5.			
6.			
7.			
	TOTAL		

Single Attempt (Y/N) [ ]

Year of Passing [ ][ ][ ][ ]   Percentage of Marks [%]

Name of Institution [ ]

Name of Education Board [ ]

(7) i) DIPLOMA/ii) I.T.I.

APPLICABLE/NOT APPLICABLE (Y/N)

(7A) Board Code

(7B) State Code

(7C) Branch   Year of Passing

(7D) Board Enrollment   Total Marks (Out of …………)

(7E) Name of Institution   Percentage of Marks [____] %

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(8) DEGREE

APPLICABLE/NOT APPLICABLE (Y/N)

(8A) University Code   (8B) If Others Specify

(8C) Name of Degree   (8D) If Others Specify

Name of Degree : _____

(8E) State Code   (8F) Enrollment No.

(8G) Year of Passing   (8H) Marks Out of …………   Percentage of Marks [____] %

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(9) POST GRADUATE DEGREE

APPLICABLE/NOT APPLICABLE (Y/N)

(9A) University Code   (9B) If others Specify

(9C) Degree Code   (9D) If others Specify

Name of Degree : _____

(9E) State Code   (9F) Enrollment No.

(9G) Year of Passing   (9H) Marks out of ….……   Percentage of Marks [____] %

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(10) EMPLOYMENT INFORMATION

(10A) Current Employment **(Y/N)**   Telephone No.(O.)

(10B) Name of Organisation   (10C) Length of Service (Yrs)

(10D) Name of Post/Designation

(10E) Organisation Code   (10F) Designation Code   (10G) Primary Business Organisation Code

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11) EXTRA CURRICULAR ACTIVITIES OF APPLICANT

11A) Sports [____]   11B) Dramatics [____]   11C) Music [____]   11D) Debate [____]

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12) WHAT ARE YOUR CAREER PLAN AFTER THE COURSES

Wish to   A) Start business [____]   **B) Join Service** [____]   **C) Join teaching profession** [____]

D) Continue Higher Education [____]   **E) Specific Choice** _____

ALL INFORMATION STATED ABOVE IS CORRECT. IF ANY DETAILS ARE WRONG IT IS OUR RESPONSIBILITY.

Original documents if not submitted at the time of admission will be submitted within 7 days from the date of admission and it will be our responsibility to submit the same. If original documents are not submitted within time, the admission shall be treated as cancelled.

I/We have also noted that the admission to the course is provisional subject to final approval of the affiliating university/competent authority.

Signature of Parent / Guardian   Signature of Student