

## List Of Documents Attached with Scholarship/Freeship/EBC & Hostel Fee Reimbursement Scheme.

No.	Scholarship (SC/ST/VJNT/SBC/OBC /MINORITY)	Freeship (SC/ST/VJNT/SBC/OBC)	General/EBC	Hostel
1	Online Confirmation	Online Confirmation	Online Confirmation	Online Confirmation
2	Original Income *For Minority ≤ 6 Lac	Original Income	Original (Annual) Income ≤8Lac	Alpbhudharak Cert.
3	SSC	SSC	SSC	Degree
4	HSC	HSC	HSC	Gap
5	Degree	Degree	Degree	TC
6	TC *For Minority Declaration Form.	TC	MBA 1 <sup>st</sup> Result	Reg. Labor Cert
7	Gap	Gap	TC	N & Domicile
8	N & Domicile	N & Domicile	Gap	Ration Card
9	Caste Cert	Caste Cert	N & Domicile	Aadhar Card
10	Non Creme layer (*If Applicable)	Non Creme layer (*If Applicable)	Ration Card OR Undertaking	Bank Passbook
11	Validity	Validity	Aadhar Card	Hostel Proof OR
12	Aadhar	Aadhar	Bank Passbook	Notarized Rent Agreement on 500 Rs. Stamp Paper
13	Bank Passbook	Bank Passbook	Tuition Fee Receipt	Total Income < 1 Lac F.Y.17-18



**Rajgad Dnyanpeeth's  
Rajgad Institute of Management  
Research & Development, Pune 43**  
Approved by AICTE, Recognized by DTE (Govt. of Maharashtra),  
Affiliated to Savitribai Phule Pune University

### APPLICATION FOR MBA ADMISSION (A. Y. 2019-20)

Within Home University \_\_\_\_\_ Within Maharashtra \_\_\_\_\_ Out of Maharashtra \_\_\_\_\_

To,  
**The Director,**  
**RIMRD, Pune 43.**

Affix your  
Recent color  
Photo

**Respected Sir,**

**I hereby request you to permit me to join MBA for the Academic Year:\_\_\_\_\_**

**My personal details given below**

#### PERSONAL INFORMATION

**Name in Full:** \_\_\_\_\_  
(Surname) (First Name) (Father's/ Husband's Name)

**(Mother's Name)** \_\_\_\_\_

**Address (Local):** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Mobile No. :** \_\_\_\_\_ **Blood Group:** \_\_\_\_\_

**Emergency Contact No.:** \_\_\_\_\_ **Aadhar Card No.:** \_\_\_\_\_

**Email ID:** \_\_\_\_\_

**Date of Birth in Figures:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (In words) \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Father's/ Husband's Office name & Address:** \_\_\_\_\_

State whether you belong to SC/ ST/ DT/ NT/ OBC/ Open Category \_\_\_\_\_

I am hereby remitting prescribed fees as under Rs. \_\_\_\_\_

Rupees (In words) \_\_\_\_\_

As Registration Fee in Cash/ Crossed D.D. No.: \_\_\_\_\_

Name of the Bank and Branch: \_\_\_\_\_

#### EDUCATIONAL DETAILS

(Mention all Board/ University Examinations that you have passed beginning from SSC/ HSC)

Exam Passed	University/ Board	Name of the College/Institute	Year of Passing	Percentag e of Marks	Special Subjects

I \_\_\_\_\_ hereby declare that, Institute can send SMS to me my personal phone numbers as follows: \_\_\_\_\_ and \_\_\_\_\_.

- I shall submit all required original documents to the Institute for DTE verification and I will demand those documents after completion of MBA course.
- If I cancelled my admission after the 'date of cancellation' declared by DTE, then I shall be legally liable to pay the entire course fees of MBA for two years.

Name and Signature of the student:

#### UNDERTAKING

1. I hereby submit, to the disciplinary jurisdiction of the Vice Chancellor & the other Officers & authorities of the University / & the Director & the Authorities of the institute & shall observe & abide by the rules made by the Vice Chancellor in that behalf & also made by the head of the Institute.
2. I have carefully noted the rules and process of the admission as given in the prospectus which I am aware that required to follow & shall in matters of interpretation, agreeable to accept the decision, given by the Director/ Management in this respect which will final and binding on me.
3. I shall attend minimum 80% lectures for each course as per rules, failing which I shall not approach the Director for any concession on this respect & shall be liable to be debarred from taking the examination.
4. I have also read, understood & accepted the code of conduct & notifications displayed on the general notice board of the institute & shall take note of the communications put on the notice board from time to time.

Local Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Email ID: \_\_\_\_\_

Signature of the Student

#### FOR ACCOUNT OFFICE USE ONLY

Payment Schedule (to be filled by the student)

Sr. No.	Date	Amount in Rs.
1	15 August 2019	
2	15 September 2019	
3	15 October 2019	
4	15 November 2019	
5	15 December 2019	
6		
<b>Total Amount</b>		

Accountant

Office Superintendent

Director