

KET'S V.G.VAZE COLLEGE OF ARTS, SCIENCE & COMMERCE (Autonomous) Mithagar Road Mulund-East Mumbai-400 081

NOTICE

M.SC. PART-I (2021-2022)

CHEMISTRY & ZOOLOGY

Students are required to submit PG Registration Form with necessary document as per the following schedule at counter no.5.

PG Registration Form (PDF) attached with this notice.

SUBJECT	DATE	TIMING
MSC CHEMISTRY	15.09.2021	11.00 am - 12.30 pm
M.SC.ZOOLOGY	17.09.2021	11.00 am - 12.30 pm

Documents List

Sr.	Mumbai University	Other than Mumbai University
No.		
1	Photocopy of S.S.C. Marksheet	Photocopy of S.S.C.Marksheet
2	Photocopy of H.S.C. Marksheet	Photocopy of H.S.C.Marksheet
3	Photocopy of FYBSC to TYBSC	Photocopy of FYBSC to TYBSC
	(Sem-I to VI) Marksheet	(Sem-I to VI) Marksheet
4.	Photocopy of Aadhar Card	Photocopy of Aadhar Card
5.	Transfer Certificate Original + Photocopy	Transfer Certificate Original + Photocopy
	(other than Vaze College)	
6.	Caste Certificate (If Applicable)	Migration (Original + Photocopy)
7.		Caste Certificate (If Applicable)

Principal

P-2-RO-Appli Form 1 MUP/J.R.O./151-25,00	0-9-2017.			FOR	M FEE RS. : 25/-
form fee) collected by shall be remitted to th the form within one m admission.	I registration fee (with the College/Institution the University alongwith nonth from the date of the form carefully and all verify it.	UNIVI	ERSITY OF MUMBA	Fee Receipt No Date	(P.G. SECTION) USE
Form of App To, The Registrar, University of Mumba Mumbai.		egistra	tion as a Post-Gr	aduate Studen	t (By Papers)
Sir,					
with Part/Full Time)	Degree/Diploma/C he University of Mu	Certificate umbai. I h	a Post-Graduate Studer course in ave not passed the example		
I hereby und	lertake that I am no	t attendin	g any other course of this	s University or any oth	ner University.
Full Name in Capita	l :				
	(Surname)	1. STARSO			(Mother's Name)
Whether belongs to	reserved category	/, if so giv	e details :		
Male/Female :		Natio	onality :	Birth Date :	
Address :					
			Tel. No.	(Res.) :	
Mob. No. :					
Email ID :					
			×	Signatu	re
The qualifying Bache	elor's / Master's Degre	e examina	tion passed by the applican	t on the basis of which a	dmission is sought.
Examination	Month & Year	Class	Subject/s	University	College
Provisional or Final Eligibility Certificate	: Case No		Cert. No	Date	
The Subject/Branch	Offered :				

The Optional Subjects/Specialization	1:			
Name & Signature of the University Teacher/Teachers under whom the applicant proposed to study	Date of P. G. Recognition Date of Retirement			
Signature of the Head, Department of the Concerned subject of College/Institute				
Admission Fee Receipt No. & Date				
The Name of the College/Institute				
Seal & Signature of the Head of the University				

Seal & Signature of the Head of the University Department/Principal/Dean/Director of the College/Institute _____ Date ____

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