KET'S V. G. VAZE COLLEGE OF ARTS, SC. COMM., MULUND (E)

NOTICE

M. SC. I. T. & BIOTECH (Part I) Year 2021-2022

Students are required to fill the <u>Registration Form</u> as per the following schedule between 10.30 am to 12.30 pm. at counter no. 3. PG registration Form given at the end of this notice. Download & Fill all details and submit for following dates.

M. SC. I. T. (Part I) M. SC. B. T. (Part I) 06/09/2021 & 07/09/2021 08/09/2021 & 09/09/2021

Document List

- 1. Photo copy of S.C.C. Mark sheet
- 2. Photo copy of H.S.C. Mark sheet
- 3. Attested Photo copy of T. Y. Mark sheet (Sem V & VI) (2 copy)
- 4. Photo copy of Adhar Card
- 5. Transfer Certificate (Other than Vaze College student)

Other than Mumbai University Students (5 Copies of each)

- 1. Photo copy of S.C.C. Mark sheet
- 2. Photo copy of H.S.C. Mark sheet
- 3. FY to TY all Mark sheet
- 4. Photo copy of Adhar Card
- 5. Transfer Certificate (along with original)
- 6. Migration Certificate (along with original)





FORM FEE RS. : 25/-

N.B.: (1) Prescribed registration fee (with farm fee) collected by the College/Institution shall be remitted to the University alongwith the farm within one month from the date of

(2) Student shall fill the form carefully and College/Institute shall verify it.

UNIVERSITY OF MUMBAI



FOR UNIVERSITY (P.G. SECTION) USE
Fee Receipt No.
Date
Registration No.

Form of Application for Registration as a Post-Graduate Student (By Papers)

The Registrar, University of Mumbai, Mumbai. Sir. I request that my name be registered as a Post-Graduate Student for the with Part/Full Time) Degree/Diploma/Certificate course in _ (Subject Name) in the University of Mumbai. I have not passed the examination for the said course in the same subject/branch of this or of any other University. I hereby undertake that I am not attending any other course of this University or any other University. Full Name in Capital: (Father's/Husband's Name) (Mother's Name) (Surname) (Own Name) Whether belongs to reserved category, if so give details: Nationality :______ Birth Date : ___ Male/Female :___ Address : ____ Tel. No.(Res.): ___ Mob. No. : __ Email ID: _ Signature The qualifying Bachelor's (Master's Degree examination passed by the applicant on the basis of which admission is sought. College University Month & Year Class Subject/s Examination Provisional or Final Date_ Eligibility Certificate : Case No._____ Cert. No.___ The Subject/Branch Offered : _ The Optional Subjects/Specialization: __ Name & Signature of the University Teacher/Teachers under whom the Date of P. G. Recognition ___ applicant proposed to study 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 Date _ Department/Principal/Dean/Director of the College/Institute __