

Form no

Price : 10.00

Abbreviated name of the College}  
(To be entered by the College Office/  
Department) -----



## SOLAPUR UNIVERSITY, SOLAPUR SKILL DEVELOPMENT CENTER EXAMINATION FORM

TO, THE DIRECTOR,  
SKILL DEVELOPMENT CENTER,  
SOLAPUR UNIVERSITY, SOLAPUR.

Sir,

I request permission to present myself at the ensuing \_\_\_\_\_  
Examination at the centre \_\_\_\_\_.

Yours faithfully,

Place :

Date :      Signature of candidate

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### I. PERSONAL PARTICULARS

- 1) Name in full in CAPITAL LETTERS : .....  
( as per 10<sup>th</sup>/12<sup>th</sup>/ Degree Certificate )
- 2) Also in Devanagari Script : .....
- 3) Residential Address : .....  
.....  
.....
- 4) Name of the Course : .....
- 5) Name of the Centre : .....
- 6) Address of the centre : .....

## II. CERTIFICATE TO BE SIGNED BY THE HEAD OF THE INSTITUTE

I certify that Shri /Smt. \_\_\_\_\_

Has attended the lecture and practical work of prescribed course in this institution.

Number of days on which lecture were delivered	No. of days attended	Remarks

I further certify that to the best of my knowledge and belief, he/she is a person of good moral conduct and he/she has been permitted to appear at the Examination of the course of

\_\_\_\_\_

Place :

Signature of Principal/ Co-ordinator

Date :



NAAC Accredited-2015  
B Grade (CGPA 2.62)

# SOLAPUR UNIVERSITY, SOLAPUR SKILL DEVELOPMENT CENTER

## HALL TICKET

Space For  
Photograph Paste  
One Recent  
Photograph of  
Identity Card Size  
Black & Whit  
Only  
Please do not pin  
or Staple  
Paste the  
Photograph neatly

- 1 Name (in Block Letters) : .....
- 2 Name of the Examination : .....
- 3 Centre of the Examination : .....
- 4 Name of the Papers : 1. ....  
Appear for 2. ....  
3. ....  
4. ....  
5. ....  
6. ....  
7. ....  
8. ....

**Signature of the Candidate**

**Signature of Head of the  
Department/Principal**