



## APPLICATION FORM

### MASTER OF SOCIAL WORK (M..S.W.) Two Year Full Time Programme (USE CAPITAL LETTERS ONLY)

For Office use only

Admn. No.:

G.R., No. :

Roll No. :

To  
The Director,  
D.K. Shinde School of Social Work,(SIBER)  
University Road, Kolhapur  
416004 (Maharashtra)

Affix  
Recent  
Photograph

Sir,

I hereby apply for admission to the MSW-I Year Course.

Name of the student Mr./Ms.: \_\_\_\_\_  
(In English) Surname Name Father's/Husband's Name

In Devanagiri \_\_\_\_\_

Date of Birth : \_\_\_\_\_ (Enclose Proof) Sex : M/F \_\_\_\_\_

Place of Birth : \_\_\_\_\_ Taluka: \_\_\_\_\_ District : \_\_\_\_\_

Father's / Guardian's Name : \_\_\_\_\_

Occupation : \_\_\_\_\_ Annual Income Rs.: \_\_\_\_\_

Local Guardian's Name \_\_\_\_\_

Address for Correspondence : \_\_\_\_\_

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

Pin Code \_\_\_\_\_ Ph ( R ) \_\_\_\_\_ Mob. \_\_\_\_\_

E-mail ID \_\_\_\_\_

Reservation Category : SC  ST  NT  OBC  Other

Physically Handicapped

Ex-military Deputed from NGO

Educational Qualification :

Examination	Board/ University	Year Passed	Percentage	Subject	Last Attend College
S.S.C.					
H.S.C.					
Bachelor's Degree					
Master's Degree					
Diploma/Certi.					



**ENTRANCE EXAMINATION – HALL TICKET**

**D.K. Shinde School of Social Work, (SIBER)**

University Road, Kolhapur – 4

Name : \_\_\_\_\_

Seat No.: \_\_\_\_\_

Date of Written test : \_\_\_\_\_ Time:- \_\_\_\_\_

Affix  
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Hobbies / Interest

Career Objective

Extra Curricular Activities

**ENCLOSURES :**

Attested Photo Copies of Following Documents must be submitted along with this form to the office :

1. S.S.C. or Birth Certificate
2. Degree Examination Certificate, Mark list, Passing Certificate etc.
3. Caste Certificate
4. Testimonials of Scholarship/certificates/prizes etc.

**FOR MSW-IIInd YEAR ONLY**

(Please tick any one specialization)

GROUP ( A ) HRM & LW

(B) URCD

(E) MPSW

- The information given in this application form is true to the best of my knowledge and belief.
- I agree to abide the rules and regulations of the Institute and undertake that I shall not do anything, which would interfere with discipline or spoil the institute's reputation.
- I am in agreement with the admission procedure laid down by the Institute and would abide by the results declared by the Institute.
- I undertake to pay the fees as required at the time of admission as per the rules of the institute.

Date:

Signature of the Applicant

FOR OFFICE USE ONLY

Date:

Received Fees Rs.;

Receipt No. :

Signature

- Note :
1. Candidate should collect their HALL TICKET half an hour before the Interview
  2. Candidates will not receive any separate interview letter.