



ADMISSION FORM FOR MSW-II Year

(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- II Year Course.

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

In Devanagiri _____

Date of Birth : _____ Sex : M/F _____

Father's / Guardian's Name : _____

Occupation: _____ Annual Income Rs.: _____

Local Guardian's Name and address _____

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

Enclose previous year's attested photocopy of marks list:

PLEASE TICK ANY ONE OF THE SPECIALISATION ; GROUP – 'A' HRM and LW

GROUP – 'B' URCD

GROUP – 'E' MPSW

Signature of the applicant