$\begin{array}{c} Proforma-A\\ (For\ Type-C\ \ Candidates) \end{array}$

(For sons and daughters of Central Government / Government of India undertaking employees)

						CER	HFICA.	1 E			
					is an e	mplo	yee				
	-	•					in .				
(Desig	gnatio	n) Organ	ization	(Na	Estal	blishn	ganizati nent	ion /Estab /	olishment/D Departme	epartment) nt is	under
				• • • • • • • • • • •			of Ce	ntral Go	vernment /	Governmen	t of India
underta	aking))			\ 1						
				in	M	Iahara	shtra	State	is vide	transferre transfer	
											.4
	he ha	s join	ed duty in	Maharas	htra on			and	i is current	ly working in	i the same
admiss Archite	ion to	First Hote	Year of Po el Manager	ost Gradi ment and	iate Deg l Cateri	gree c ng Te	ourses i chnolog	n Enginee gy / Mana	ering and Tongement (M	echnology / I BA/MMS) / ic year 2023-	Pharmacy / Computer
Outwa	rd No	.&Da	te:							(Signatur	e)
Place:					of tl	ne He	Designant of the Designation of	e office		(- 8	- ,
	1) Tra		ma is to be order eport	accomp	anied b	y atte	sted cop	y of:			

Proforma B-1 (For Type D Candidates-)

(For sons and daughters of Maharashtra State Government/Maharashtra State Government undertaking employees)

	CERT	TIFICATE		
This is to certif	y that Shri / Smt		is an employee in t	he capacity
of	in			
Designation)	(Name of the Organisation /Esta	ablishment / Departme	ent)	
This	Organisation/Establishment	/Department	is	under
	Maharashtra State Government / Ma			g.
Shri / Smt		is transferred to/from	n	in/out of
Maharashtra St	tate vide transfer order No	Dated		
He / She has jo	oined duty in/out of Maharashtra Stat	te on	and is currently	working in
the same post.				
This certificate	e is issued for the purpose of his/her	son/daughter		
	's admission	n to First Year of Post	Graduate Degree	courses in
Engineering an	nd Technology /Pharmacy / Architec	ture/ Hotel Manageme	ent and Catering To	echnology
/ Management	(MBA/MMS) / Computer Application	on (MCA) / Planning	/ Pharm. D. (Post	
Baccalaureate)	for the academic year 2023-24.			
Outward No.&	Date:			
(Signature)				
			Name&Designation of the Head of the	
Place:				
Seal of	f the Office			
Note: This pro	oforma is to be accompanied by attes	sted copy of:		
1) Tran	nsfer order			
2) Join	ning report			

Proforma B-2 (For Type D Candidates)

(For sons and daughters of Maharashtra State Government/ Maharashtra State Government undertaking retired employees)

UNDERTAKING	
This is to undertake that I,	, have retired from the service from
the post of in	
Designation) (Name of the Organisation /Establishment / Dep	partment)
This Organisation / Establishment /	Department is under
Department of Maharashtra State Government / Maharashtra State	Government undertaking.
I have retired onand settled intaluka.	district.
This undertaking is submitted for the purpose of m	y son/daughter
's admission to First Year	of Post Graduate Degree courses in
Engineering and Technology/ Pharmacy / Architecture/ Hotel Man	agement and Catering Technology /
Management (MBA/MMS) / Computer Application (MCA)/ Plann	ing / Pharm. D. (Post Baccalaureate)
for the academic year 2023-24.	
	(Signature)
Place:	Name
Date:	
Note: This proforma is to be accompanied by attested copy of: 1) Pension Pay Order. 2) Proof of settlement (Ration Card/ Electricity Bill/Aadh	naar Card/ Telephone Bill/ Property

Document/Election Card).

Proforma - G1

(to be issued on the Printed Letter Head of the concerned office)

(For Candidates residing in Karnataka and Maharashtra State Border Area)

CERTIFICATE

	rri / Smt (candidate nt of Village in District.				
Post Graduate Degree courses i Management and Catering Techn	for the purpose of his / her ward's / candidate's admission to First of n Engineering and Technology / Pharmacy / Architecture/ Hotel ology / Management (MBA/MMS) / Computer Application (MCA)/ laureate) for the academic year 2023-24.				
Outward No. &Date:	District Collector/ Deputy Commissioner/				
	District Magistrate/Additional District Magistrate/				
Place:	Taluka Executive Magistrate				
(For Candidates residing in	Karnataka and Maharashtra State Border Area and having mother tongue as Marathi) CERTIFICATE				
(For Candidates residing in	mother tongue as Marathi)				
	is a student of mother tongue is Marathi and he / she has passed Std. X / Std. XII of the subjects.				
courses in Engineering and Tech	ourpose of his / her admission to First Year of Post Graduate Degree nology / Pharmacy / Architecture/ Hotel Management and Catering A/MMS) / Computer Application (MCA)/ Planning / Pharm. D. (Post year 2023-24.				
Outward No. &Date:					
Place:	Head Master /Principal				
	School/ College				
	Seal of the School / College				

Proforma - J

(For sons and daughters of $\,$ Defence / Paramilitary force / I.A.S. / I.P.S. / I.F.S. / J& K Police officials posted in Jammu / Kashmir to combat terrorist activities)

nging to sted and area in
's armacy / amputer
residing ashmir.

Seal of the Office

Migrant/Refugee Camp

Outward No. & Date:

Place:

Name & Signature of Head of the Office

Proforma – L

(For Refugees staying with relatives)

(Displaced Jammu / Kashmir /Ladakh Candidates staying with relatives / friends in India other than Migrant / Refugee camp)

CERTIFICATE

Ref. No.	Date:
	is a displaced person from vities in Jammu and Kashmir. He/She is staying with
courses in Engineering and Technology / Pharm	, , ,
Outward No. &Date:	Name & Signature of District Collector
Place:	the Office

Proforma – M

(To be issued on the Letter Head of the concerned office)

(For Children's of Kashmiri Pandits / Kashmiri Hindu families (Non Migrants) living in the Kashmir valley and having domicile certificate.)

CERTIFICATE

Ref. No.	Date:				
son/daughter of	This is to certifythat Mr./Miss				
Degree courses in Engineering and Technol	s / her admission to First Year of Under Graduate ogy / Planning/ Pharmacy / Architecture/ Hotel rm. D. (Post Baccalaureate) for the academic year				
Outward No. & Date : Place :	Name & Signature of District Collector				
	the Office				
Proforma (For seats under M MINORITY COMMUNITY STUD	(inority Quota)				
I, Son/Daug	ghter/of				
Resident of (full address)	hereby declare				
community and / or	dhist/Jain/Zoroastrian (Parsi)* religious minority y Leaving / Transfer Certificate for deciding my				
I undertake to submit the relevant documents supporting as per government resolution Minority Department 1.7.2013 at the time of admission to the admitted installation.	ent No.अविवि-2010/प्र.क्र.109/10/कार्या-5, दिनांक				
Date: Place: (*strike out whichever is not applicable)	Signature of Candidate: Name of Candidate:				

Minorit	Minority Institute and Candidate Belonging to the Religious/ Linguistic Minority Category					
Sr.No						
		Linguistic Minority - Gujarathi				
1.	Linguistic Minority - Gujarathi	Linguistic Minority - Gujarathi(Jain)				
		Linguistic Minority - Gujarathi(Kutchhi)				
2.	Linguistic Minority - Gujarathi(Jain)	Linguistic Minority - Gujarathi				
Ζ.	Linguistic Minority - Gujaratni(Jain)	Linguistic Minority - Gujarathi(Jain)				
3.	Linguistic Minority - Gujarathi(Kutchhi)	Linguistic Minority - Gujarathi(Kutchhi)				
4.	Linguistic Minority - Hindi	Linguistic Minority - Hindi				
4.	Linguistic Minority - Hindi	Linguistic Minority - Hindi(Bhojpuri)				
5.	Linguistic Minority - Kannada	Linguistic Minority - Kannada				
6.	Linguistic Minority - Malyalam	Linguistic Minority - Malyalam				
7.	Linguistic Minority - Punjabi	Linguistic Minority - Punjabi				
8.	Linguistic Minority - Sindhi	Linguistic Minority - Sindhi				
9.	Linguistic Minority - Tamil	Linguistic Minority - Tamil				
10.	Religious Minority - Buddhist	Religious Minority - Buddhist				
11.	Religious Minority - Christian	Religious Minority - Christian				
11.	Religious Millority - Christian	Religious Minority - Christian (Roman				
12.	Religious Minority - Jain	Religious Minority - Jain				
13.	Religious Minority - Muslim	Religious Minority - Muslim				
14.	Religious Minority - Roman Catholics	Religious Minority - Christian (Roman				
15.	Religious Minority - Sikh	Religious Minority - Sikh				
		Linguistic Minority - Gujarathi				
16.	Religious Minority (Jain) & Linguistic	Linguistic Minority - Gujarathi(Jain)				
10.	Minority(Gujarathi)	Linguistic Minority - Gujarathi(Kutchhi)				
		Religious Minority - Jain				
17.	Religious Minority - Parsi	Religious Minority - Parsi				
18.	Religious Minority Muslim & Linguistic	Linguistic Minority - Urdu				
	Minority Urdu	Religious Minority - Muslim				
19.	Religious Minority - Zoroastrian	Religious Minority – Zoroastrian				
20.	Linguistic Minority - Gujar	Linguistic Minority – Gujar				
		Religious Minority – Parsi				
21.	Religious Minority – Parsi / Gujarathi	Linguistic Minority - Gujarathi				
41.	Religious Minority – Laist / Oujaratin	Linguistic Minority - Gujarathi(Jain)				
		Linguistic Minority - Gujarathi(Kutchhi)				
22.	Linguistic Minority - Konkani	Linguistic Minority – Konkani				

Proforma - P (Format of Certificate by the Employer/Management for Sponsored Candidates)

This is to certify that Shri./ S	mt/ Kum				
is working in this Institute/o	organization as (designation)	is appointed			
approved on regular basis since dated and his/her appointment is not contractual / temporar					
adhoc. He/She is permitted to	o study M.E./ M.Tech. / M. Pharm / M. HMCT / M. Plann	ing / Pharm.			
D. (Post Baccalaureate) pro	ogramme/specialization at the selected institute allotted of h	is/her choice.			
If he/she is admitted to the s	aid program, he/she will be permitted to attend the College	as a full time			
student during the working	hours of the admitted College till completion of his/her	program. We			
understand that he/she will fu	ulfil institute norms of the attendance.				
Date:	Signature and Designa	tion			
Place:	With stamp of Organiz	zation			
	Proforma -Q Undertaking				
	(FOR SPONSORED CANDIDATES)				
I,	, understand that I have been admit	ted to M.E. /			
M. Tech / M. Pharm / M.H.	MCT / M. Planning / Pharm. D. (Post Baccalaureate) prog	gramme with			
specialization in	, under sponsored category and I am	prepared to			
undergo this programme and	bear all the expenses including the prescribed fees as tuition	and other fee			
and those related to project w	vork and dissertation.				
In case of the default, I know	that my registration will be cancelled.				
Place:	Signature of the Candidate				
Date:	Name of the Candidate				
Application ID:					

Proforma – U

(For candidate claiming seats reserved for Orphan Candidates)

महिला व बालविकास विभाग, शासन निर्णय क्र. संकीर्ण -2013/ प्र.क्र. 109/ का-3, दिनांक 6 जून, 2016 आणि महिला व बालविकास विभाग, शासन निर्णय शुध्दीपत्रक क्र.संकीर्ण - 2013/प्र.क्र.109 /का-3, 09 मे, 2018

अनाथ प्रमाणपत्र

संकेतांक क्रमांक

नवीन फोटो

नाव :

प्रमाणित: जिल्हा महिला व बालविकास अधिकाऱ्यामार्फत

बाल न्याय (मुलांची काळजी व संरक्षण) अधिनियम, 2000 या अंतर्गत बाल कल्याणाच्या संस्थेत दाखल असलेल्या प्रवेशितांसाठी ती "अनाथ" असल्याबाबतचा दाखला

प्रमाणित करण्यात येते की, प्रवेशित नामेता. ताता. ताता. ताता. ता.	 बालगृहात त्या संस्थेतील प्रवेशित रजिस्टरमधील नोंदणी
सदर अनाथ मुलास / मुलीस शासकीय / निम शासकीय / खाजगी	
संस्था (ITI) कार्यालय इ. या मध्ये प्राधान्याने प्रवेश देण्यात यावे. तसे	5
कंपनी / व्यवसाय / कार्यालय या ठिकाणी नोकरीसाठी प्राधान्य द्या	वे.
(1) त्याच्या आई वडिलांचा ठाव ठिकाणा सर्वमागांचा अवलं	ब करूनही अद्याप लागलेला नाही. किंवा लागण्याची शक्यता
नाही. संबंधित प्रवेशित हा अनाथ असल्याचे प्रमाणित कर्र	ोत आहे. तसेच त्याच्या जातीची माहिती नाही, असेही प्रमाणित
करण्यात येत आहे.	
(2) त्याच्या (नांव व पत्ता)	या नातेवाईकाचा शोधला गलेला
	हे. नातेवाईकाशी जातअसल्याने, प्रवेशितांची
	आहे. तसेच संबंधित प्रवेशित हा अनाथ (आई वडील नसलेला)
असल्याचे प्रमाणित करण्यात येत आहे.	
(क्र. (1) व (2) पैकी जे लागू नसेल ते खोडण्यात यावे.)	
त्याचे भविष्य उज्ज्वल व्हावे, ही शुभेच्छा.	
(गोल शिक्का)	स्वाक्षरी /-
fā	भागीय उपायुक्त, महिला व बालविकास (संबंधित विभाग)

Proforma - V

(For candidate claiming seats reserved for Economically Weaker Section Candidates) सामान्य प्रशासन विभाग, शासन निर्णय क्र.राआधो ४०१९/प्र.क्र.31/16-अ, दि . ३१/०५/२०२१ सोबतचे सहपत्र

परिशिष्ट - अ

महाराष्ट्र शासन

प्रमाणपत्र क्र.	
	फोटो

वर्ष _____करीता ग्राह्य आर्थिकदृष्टया दुर्बल घटकाच्या पात्रतेसाठी प्रमाणपत्र

सामान्य प्रशासन विभाग, शासन निर्णय क्र. राआधो ४०१९/प्र.क्र.31/16 अ, दिनांक ३१/०५/२०२१ अन्वये (आर्थिकदृष्टया दुर्बल घटकासाठी विहित केलेल्या १०% आरक्षणाचा लाभ घेण्यासाठी)

प्रमाणित करण्यात येते की	ो, श्री/श्रीमती/कुमारी	श्री/श्रीमत	ग ी		यांचा/यांची
मुलगा/मुलगी गाव/शहर	तालुकाजिल्हा/	/विभागमहारा	ष्ट्राचे रहिव	गसी आहेत. तो/	'ती
जातीचे असून जात /पोटजात/ व	वर्ग चे असून सदर जात ।	महाराष्ट्र राज्य लोकसेवा (३	भनुसूचित	जाती, अनुसू ^{ति}	चेत जमाती,
निरधीसूचित जमाती (वि.जा.) भटव	क्या जमाती (भ.ज.), विशेष म	गागास प्रवर्ग (वि.मा.प्र) आणि	गे इतर म	ागास प्रवर्ग (इ.	मा.व) यांच्या
साठी आरक्षण) अधिनियम,2001	(सन २००४ चा महाराष्ट्र अि	धेनियम8) या मध्ये नमूद के	लेल्या प्रव	वर्गांतर्गत होत न	गही.
महाराष्ट्र शासन, सामान्य प्रश	ासन विभागाचा शासन निर्ण	य क्र. राआधो ४०१९/प्र.क्र.	31/16 अ	, दिनांक 12 फे	ब्रुवारी 2019
अन्वये त्याच्या/तिच्या कुटुंबाचे स्त्रे	ोतांचे एकत्रित वार्षिक उत्पन्न	ı रु/- असू	न, सदर उ	उत्पन्न रु.८,००,	000/- पेक्षा
कमी आहे. त्यामुळे असे प्रमाणित व	करण्यात येत आहे की , तो/ त	नी यांचा आर्थिकदृष्टया दुर्बल	ा घटकाम	ध्ये समावेश होत	नो.
			सक्षम प्रा	धिकारी /तहसि	लदार
ठिकाण:			स्वाक्षरी	:	
दिनांक:			नाव	:	
	(शिक्का)		पदनाम	:	

हे प्रमाणपत्र अर्जकर्त्याने सादर केलेल्या खालील कागदपत्र/पुरावे यांच्या आधारावर निर्गमित करण्यात येत आहे.

- 1.
- 2.
- 3.

(टिप: सामान्य प्रशासन विभाग, शासन निर्णय क्र.राआधो ४०१९/प्र.क्र.31/16-अ, दि.12/02/2019,नुसार आर्थिक दुर्बल घटकासाठीच्या आरक्षणाचा लाभ घेण्यासाठी पात्रता प्रमाणपत्र देण्यासाठी सक्षम प्राधिकारी म्हणून तहसिलदार यांना घोषित करण्यात आले आहे.)