



1a Index No	<input type="text"/>	1b UDISE No	<input type="text"/>
1c Student saral ID	<input type="text"/>	<input type="text"/>	<input type="text"/>
2a Appl.Sr.No	<input type="text"/>	b Centre No	<input type="text"/>
3a Last name/ Surname	<input type="text"/>		
3b Candidate's Name	<input type="text"/>		
3c Middle/Father's Name	<input type="text"/>		
3d Mother's Name	<input type="text"/>		
4 Residential Address	<input type="text"/>		CANDIDATE'S PHOTO
	Pin Code	<input type="text"/>	
5 Mobile No	<input type="text"/>		CANDIDATE'S SIGNATURE
6 Date Of Birth	<input type="text"/>	<input type="text"/>	
7 Aadhar No	<input type="text"/>	<input type="text"/>	<input type="text"/>
8 Stream	1) Science 2) Arts 3) Commerce 4) HSC VOCATIONAL 5) Technology Science <input type="checkbox"/>		
09 Gender	1) Male 2) Female 3) Trans Gender <input type="checkbox"/>		
10 Minority Religion	0) Non-Minority 1) Muslim 2) Christian 3)Buddhist 4) Sikh 5) Parsi 6) Jain 7)jew <input type="checkbox"/>		
11 Category	01) SC 02) ST 03) VJ(A) 04) NT(B) 05) NT(C) 06) NT(D) 07) OBC 08) SBC 09) OPEN 10) SEBC 11) EWS <input type="text"/>		
12 Divyang	00) No Handicapped (01 TO 22) Please Refer Instructions At Bottom <input type="text"/>		
13 Medium of Instruction	1) English 2) Marathi 3) Gujarati 4) Kannada 5) Urdu 6) Sindhi Arabic 7) Sindhi Devnagari 8) Hindi <input type="checkbox"/>		
14 Type of Candidate	A 1) Fresh 2) Repeater <input type="checkbox"/> B 1) Regular 2) Private 3) Isolated 4) Class Improvement <input type="checkbox"/> C 1) Exempted 2) Non Exempted <input type="checkbox"/> D 1) Agriculture 2) Bifocal 3) IT 4) General 5) Home Science <input type="checkbox"/> E Whether foreigner 1) Yes 2) No <input type="checkbox"/>		

15 Subject Details

Sr. No.	Subjects		Lang of Ans code	*Exempted Subject Information (Previously Passed Subjects in which candidate wish to claim exemption)									
	Name	Code		Seat No		Month		Year		Marks Obt			
1	Co m Subj	English	0 1	<input type="text"/>	<input type="text"/>	Feb	<input type="radio"/>	Jul	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2				<input type="text"/>	<input type="text"/>	Feb	<input type="radio"/>	Jul	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Opt. Subj	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Feb	<input type="radio"/>	Jul	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Feb	<input type="radio"/>	Jul	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Feb	<input type="radio"/>	Jul	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Feb	<input type="radio"/>	Jul	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Feb	<input type="radio"/>	Jul	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	Co m Subj	Physical Education	3 0	<input type="text"/>	<input type="text"/>	Feb	<input type="radio"/>	Jul	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9		Environment Education	3 1	<input type="text"/>	<input type="text"/>	Feb	<input type="radio"/>	Jul	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: 1) Please write 9 in case of exemption in column 'Lang of Ans code' and provide information in column under 'Exempted Subject Information'





16 Total No. of Exemption Claimed

17 Enrollment Certificate No(Private Candidate) 1)Feb Year Enrollment No

18 Previous Examination Passing Details	Exam	Seat. No.				Month		Year		Name of board / Jr. College
	SSC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mar <input type="radio"/>	Jul <input type="radio"/>	<input type="text"/>	<input type="text"/>	
	XI th	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mar <input type="radio"/>	Jul <input type="radio"/>	<input type="text"/>	<input type="text"/>	

19 Last Exam Seat No.(For Repeaters Only) 1)Feb 2) Jul Year Seat No

20 Whether S.S.C. Examination passed from Maharashtra State Board of Secondary & Higher Secondary Education,Pune Yes No

21 Whether Eligibility Certificate issued by Divisional board ? 1) Yes 2) No Certificate No.

Details for reimbursement of fees to students of drought prone areas.

22 A)Revenue Circle And Village _____
B) Account No of Student/parent _____
C) IFSC CODE _____
D) Account Holder 1) Own 2) Father 3) Mother 3) Other Parent

NOTE : Colleges should submit following documents to the board as per candidate type:

CANDIDATE TYPE	DOCUMENTS TO BE SUBMITTED TO BOARD
1) REPEATER CANDIDATE	- Photocopies of statement of mark of all previous examination/s
2) ISOLATED CANDIDATE	- Photocopies of statement of mark of all previous examination/s
3) CLASS IMPROVEMENT CANDIDATE	- Photocopies of statement of mark of all previous examination/s
4) PRIVATE CANDIDATE	- Photocopy of enrollment certificate
5) OTHER STATE BOARD'S CANDIDATE	- Photocopy of eligibility certificate

23 Undertaking by Candidate/Head of Institution

(i) I the undersigned hereby apply for the admission to the HSC EXAM February/July 20..... I agree to abide by the regulations and all instructions issued by the Board time to time. I am aware of the scheme of subject combination and examination of the Board approved by the Government and I agree to abide by the decision of the Board to treated the performance of the subject as cancelled if wrong combination of subjects if offered. (ii) I have received a copy of the INSTRUCTIONS TO THE CANDIDATE and undertake to abide by them (iii) I have received a receipt of the EXAMINATION FEE from the Head of the Institution. (iv) I HAVE NOT PASSED H.S.C. Examination conducted by the Maharashtra State Board of Secondary & higher Secondary Education or any other equivalent Examination (other than those appearing for Isolated Subject/class Improvement) of any statutory Board. (v) I am fully aware that... along with unless and until the full fees (late and additional late fees) paid by me, for the examination to be held in February-March/July-August 20..... is actually received by the Board. My result will not be declared.

Place Date : Signature of Candidate

(i) I hereby certify that the information given by the candidate has been verified by me and is found to be correct. (ii) I certify that a receipt of EXAMINATION FORM and FORM FEE along with the INSTRUCTIONS TO THE CANDIDATE have been given to the candidate. (iii) I certify that the candidate is eligible to appear for H.S.C. exam as per Boards regulations.

Signature and Seal of the Head of the Institution

(१) मी खाली सही करणार उच्च माध्यमिक शालान्त प्रमाणपत्र परीक्षा फेब्रुवारी / जुलै २०..... प्रवेश अर्ज करीत आहे. मंडळाने वेळोवेळी निर्गमित केलेले सर्व नियम आणि सूचनांचे पालन करण्यास माझी सहमती आहे. शासनाने मान्य केलेल्या मंडळाच्या परीक्षा व त्यासंबंधीच्या विषययोजना याची मला माहिती आहे आणि मी चुकीची विषययोजना निवडली असेल तर त्या विषयांची संपादनूक रद्द करण्यासंबंधीचा मंडळाचा निर्णय माझेवर बंधनकारक असेल. (२) उमेदवारासाठीच्या सूचनांचे पत्र मला प्राप्त झाले असून ते माझ्यावर बंधनकारक राहिल. (३) संस्था प्रमुखांकडून मला परीक्षा शुल्काची पोहोच पावती प्राप्त झाली आहे. (४) मी यापुर्वी कधीही महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळाने घेतलेली उच्च माध्यमिक शालान्त प्रमाणपत्र परीक्षा किंवा इतर कोणतेही वैधानिक मंडळ यांची इतर कोणतीही समतुल्य परीक्षा (श्रेणी सुधार/तुरळक विषय घेवून प्रविष्ट विद्यार्थ्यांव्यतिरीक्त) उत्तीर्ण झालेली/झालेली नाही. (५) मंडळामार्फत फेब्रुवारी -मार्च/जुलै/ऑगस्ट २०..... मध्ये घेण्यात येणाऱ्या परीक्षेचे माझे संपूर्ण शुल्क (विलंब, अतिविलंब इ. सह) मंडळाकडे जमा झाल्याशिवाय माझा निकाल जाहीर केला जाणार नाही याची मला पूर्ण जाणीव आहे.

स्थळ: दिनांक: उमेदवाराची स्वाक्षरी

(१) उमेदवाराने दिलेल्या माहितीची मी पडताळणी केली असून ती बरोबर असल्याची खात्री करून प्रमाणित करीत आहे. (२) आवेदनपत्र व परीक्षा शुल्क आणि उमेदवारासाठीच्या सूचनांची पोहोच मी संबंधित उमेदवाराला दिली आहे. (३) मंडळाच्या नियमानुसार उमेदवार उच्च माध्यमिक शालान्त प्रमाणपत्र परीक्षा प्रविष्ट होण्यास पात्र असल्याचे मी प्रमाणित करीत आहे.

प्राचार्य स्वाक्षरी व शाळेचा शिक्षा



DIVYANG CODE	DESCRIPTION
00	No Handicapped
01	Blindness /Partial Blind
02	Leprosy Cured Persons
03	Hearing Impairment - Deaf And Dumb
04	Locomotor Disability Including Orthopedic Disability
05	Dwarfism
06	Intellectual Disability - Mentally Challenged
07	Multiple Disabilities
08	Mental Illness
09	Autism Spectrum Disorder
10	Cerebral Palsy
11	Muscular Dystrophy
12	Chronic Neurological Conditions
13	Specific Learning Disabilities
14	Slow Learners / Intellectual Disability Border Line
15	Multiple Sclerosis
16	Speech And Language Disability
17	Thalassemia / Cancer
18	Hemophilia
19	Sickle Cell Disease
20	Acid Attack Victim
21	Parkinson's Disease
22	Other Disabilities

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