

REPEATER STUDENT H.S.C. EXAM FORM

Oct./Nov.- 2020

1) Stream: a) Arts ☐ Commerce ☐

2) Medium of Instruction: _____

3) Roll No. _____ Div. _____

4) Contact No.:- _____

5) a) Surname: _____

b) First Name: _____

c) Father's or Husband's Name: _____

d) Mother's Name: _____

6) Residential Address: _____

Pin Code : _____ 7) Religion: _____ Caste: _____

8) If Minority: (Pls. tick ✓ correctly) Birth Place : _____

a) Shikh ☐ b) Muslim ☐ c) Bauddha ☐

d) Christian ☐ e) Jain ☐ f) Parsi ☐

9) Date of Birth:
D D M M Y Y Y Y

Aadhar Card No

10) Previous Examination Passing Details:

Exam	Seat No.	Month	Year	Name of Board / Jr. College
S.S.C.				
XI th.				
XII th.				← For HSC Repeaters Only

11) Subject Details: (Only Appearing Subject)

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12) Other than Maharashtra Board Student :- Yes ☐ No (If Yes Pls. Mention your Board Name _____)

13) Enrollment certificate No. **(Only 17. No. Private Student):-** _____

Date: _____ Amount Paid:- _____

(Note :- Please attach Previous marksheet Photocopy of above Years.)

FOR OFFICE USE ONLY (Oct./Nov.- 2020)

Student Full Name:- _____

Stream:- _____ Cash Received: _____ Date:- _____

Admin Sign:- _____ College Seal:- _____