

PEOPLE'S EDUCATION SOCIETY'S (MUMBAI)  
**COLLEGE OF ENGINEERING**  
NAGSENVANA, AURANGABAD.

For Office Use

826

TAXILA/ NALANDA/VAISHALI

For Academic Year 20 -20

**HOSTEL ADMISSION FORM**

Receipt No.
Date
Rent Rs.
Deposit Rs.
Hostel: Taxila/Nalanda/Vaishali
Room No.
Last Deposit Rs.
Receipt No.

No.

1. Name of Student : \_\_\_\_\_

2. Father's Name: \_\_\_\_\_

3. Adhar No. : \_\_\_\_\_

4. Weather SC/ST/DNT/OBC : Yes/No

(If you mention caste Category)

Caste/Sub Caste:

5. Permanent Address

Correspondence Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Mobile: \_\_\_\_\_

6. Present Class: \_\_\_\_\_

Branch: \_\_\_\_\_ Roll No. \_\_\_\_\_

7. Total Marks Obtained in

Previous Exam out of 1500 : \_\_\_\_\_ Division Obtained \_\_\_\_\_

(Attach attested copy of Mark Memo)

8. Details of Local Guardian (if any)

Relation with ward: \_\_\_\_\_

Name of Local Guardian : \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Phone No. (O) \_\_\_\_\_ (R) \_\_\_\_\_

I \_\_\_\_\_ take the responsibility of the above named student.

(Name of Local Guardian)

Signature of Local Guardian

Name :

9. Wish to avail Computer Facility ? : Yes No.

(If yes give details)

**Photograph  
Of Student**