Connect	A LIR VIGLE BAG	ATI C	ollege of Engineerin Aurangabad.		
विद्या चिन	रथेन् खो गते		ADMISSION FOR this form only in Ca		
Name of	Student :				
Name of Father's name:					
Mother's Name:					
Address:					
Contact n	0:				
Date of Bi	irth:				
Caste:	[
Course A	pplied For:				
Education	n Qualification	:			
	Sr.no.	Examination	Passing year	Marks obtained	Board/university
	1				
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	best of my k provisions o suppression information n for cancellati I also unders	knowledge and be of the prospectus or distortion of made in my applic ion. stand that the AT	particulars stated in elief. I have read and agree to al any fact like Ed ation form, I under I College has right and when required.	carefully and und oide by them. In ucational qualific stood that my adn to change/add/d	lerstood all the the event of ation or other nission is liable

Signature of Applicant: