



**Chhatrapati Shahu Institute of Business Education and
Research, Kolhapur**

**ADMISSION APPLICATION FORM
MASTER OF SOCIAL WORK (M.S.W.)
Two Year Full Time Programme**

Incomplete Applications will be rejected

For Office Use only

Admn. No. :

G. R. No. :

Roll No. :

To
The Director,
D. K. Shinde School of Social Work (CSIBER)
University Road, Kolhapur
416004(Maharashtra)

Affix.
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Photograph

Sir,

I hereby apply for admission to the MSW – Ist Year

Name of the Student Mr / Ms.: _____
(In English with Capital Letters) Surname Name Father's/Husband's

Name In Devnagiri: _____

Date of Birth: _____ Sex M/F: _____

Place of Birth: _____ Taluka: _____ District: _____

Parent's/Guardian's Occupation: _____ Annual Income Rs.: _____

Local Guardian's Name: _____

Address for correspondence: _____

Permanent Address: _____

Adhar Card Identity No. _____

Pin Code: _____ Ph.(R) _____ Mob _____

E-mail ID _____

Religion: _____ Caste: _____

Reservation Category (tick appropriately) : SC ST OBC NT

Physically Handicapped Ex-military Deputed from NGO Any Other

Educational Qualification:

Examination	Board/ University/Place	Year of Passing	Percentage (Average)	Subject/s	Remarks, if any
S.S.C.					
Bachelor's Degree Viz, B.A,B.Com.,B.Sc. Etc.					
Master's Degree					
Any Other					

**ENTRANCE EXAMINATION - HALL TICKET
D.K. Shinde School of Social Work (CSIBER)
University Road, Kolhapur - 4**

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Photograph



Name: _____

Seat No: _____ Date of Written Test Time: _____

Note : At the time of personal interview candidates are required to bring all original documents/certificates etc.

P.T.O.

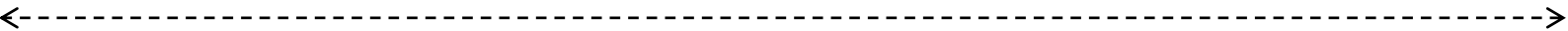
Hobbies/ Interest : _____
Career Objective : _____
Extra-Curricular Activities : _____

Enclosures: -

Attested Photo Copies of Following Documents must be submitted along with this form to the office:

1. S.S.C. or Birth Certificate
 2. Degree Examination
 3. Caste Certificate (e.g. SC/ST/OBC/etc.)
 4. Testimonials of Scholarship/Certificates/prizes etc.
- The information given in this application form is true to the best of my knowledge and belief.
 - I agree to abide the rules and regulations of the Institute and undertake that I shall not do anything, which would interfere with discipline or spoil the institute's reputation.
 - I am in agreement with the admission procedure laid down by the Institute and would abide by the results declared by the Institute.
 - I undertake to pay the fees as required at the time of admission as per the rules of the institute.

Date : **Signature of the Applicant**



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Received fees Rs.

Date:

Receipt No.

Signature