



कला-विद्या संकुल पॉलीटेक्निक
Kala-Vidya Sankul Polytechnic

Vocational Training Institute of Art, Craft & Design
Recg. by Dir. of Technical, Vocational & Art Education, Govt. of Maharashtra.
Development Commissioner of Handicraft, Ministry of Textiles, Govt. of India.
Dir. Gen. of Employment & Training, Ministry of Labour & Emp., Govt of India.
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COLOUR
PHOTO

Signature

To,
The Principal
Kala-Vidya Sankul Polytechnic
Respected Sir,
I wish to apply for admission to the

Course Name: _____ Course Code : _____

FILL THE FORM IN CAPITAL LETTERS ONLY

1. Full Name (संपुर्ण नाव) _____
Surname (आडनाव) _____ First Name (पहिले नाव) _____

Father's Name / Husband's Name (वडोलांचे नांव / पतीचे नाव) _____ Mother's Name (आईचे नाव) _____

AADHAR Card Number (आधार क्रमांक) : _____

2. Date of Birth ____ / ____ / ____ • Place of Birth _____ • Dist / State _____

3. Address _____

E-mil ID _____

Mumbai: Ph. Resi _____ Cell No. _____

4. Nationality _____ Religion _____

5. If member of a scheduled caste / scheduled tribe / community
Classified as backward class by the State Government Yes / No _____ Cast _____

6. Mother Tounge _____ Other Languages Known _____

7. Parents Occupation _____ Address _____

Mumbai _____ Phone No.: _____ Cell.: _____

8. Total Marks obtained at HSC or
its equivalent examination marks _____ Out of _____ Percentage _____ %

9. Total Marks obtained at SSC or
its equivalent examination marks _____ Out of _____ Percentage _____ %

10. Your interest in extra curricular activities _____

I certify that the above particulars are true to the best of my knowledge & belief.

Place _____

Date _____

Applicants Signature _____

Parent's Signature _____

Remark _____

NOTE : FEES ONCE PAID WILL NOT BE REFUND