



CSMSS
CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA'S
COLLEGE OF POLYTECHNIC
Kanchanwadi, Paithan road, Aurangabad
CONTACT NO. 0240-2646401, 402, 404



REGISTRATION FORM

Passport

Size

photo

Date :- / /

Enrollment No.	Branch	Semester

Full Name of Student:_____

Contact No (Student):_____Parent Cont.No. 1)_____Cont.No.2)_____

Caste:_____Catagory: OPEN/SC/ST/VJ/NT/SBC/OBC/Other

Permanent Address:_____

Local Address:_____

Means of Transportation to College: College Bus/City Bus/Auto/Taxi/Bike/Bicycle/By walk

Declaration :

The above information is true if you find some think wrong then we will be solely responsible.

Signature of student

Signature of Parent

For office use only

Student Section			A/C Section		
Sr.No.	Concession	Remark	Sr.No.	Fee Status	Remark
1	Scholarship		1	Total Fees	
2	EBC		2	Fees Paid	
3	Minority		3	GOI	
4	Other		4	Net Balance	
Sign			Sign		

Verified by registration Committee.
Name & Signature

Head of the Department

Principal