

USWEF'S

Rajarshi Shahu Institute of Fire and Safety Management

Approved by Govt. of Maharashtra(GOM), Recognized by Director of Technical Education (DTE) & Affiliated to Maharashtra State Board of Technical Education (MSBTE)

P-119, Near Maharana Pratap Chowk, Bajajnagar, Aurangabad- 431133

Email:- rsifsmurangabad@gmail.com, Web:- <https://umashankareducation.com>, Mobile:- 9130073851, 9130073855

ADMISSION FORM (Institute code 2133)**Date:-**

NAME OF THE STUDENT :- _____

FATHER NAME :- _____

MOTHER NAME :- _____

DATE OF BIRTH :- _____

NATIONALITY :- _____

ADHAR CARD NO :- _____ Signature of Student

PRESENT ADDRESS:- At/ Post :- _____

Tahsil :- _____ Dist :- _____

Pin Code:- _____

Email: - _____

Mob. No. _____

DETAILS OF QUALIFYING EXAMINATION:

SR. NO.	DIPLOMA / DEGREE	SEAT NO. / ENROL. NO	YEAR OF PASSING	BOARD / COLLEGE / UNIVERSITY	TOTAL MARKS	MARKS OBTAINED	%
1	SSC						
2	HSC						
3	Graduation / Diploma						
4	Post Graduation						

Details about Experience:-

SR.NO	From	To	Company
1.			
2.			

SIGNATURE OF THE STUDENT

Undertaking

Date:-

I, undersigned, Mr. _____, states that I am registering for Provisional Admission to the Course **Advance Diploma in X-ray Radiography**.

I know that, my Admission will be confirmed after verification of my documents and confirmation of Merit List by MSBTE. Cancellation of my admission in above case will be my Sole responsibility. I will not make any claim against cancellation of admission.

Terms and Conditions

1. Fees once paid are not returnable / refundable or transferable.
2. Candidate can't claim fee refund under any circumstances.
3. If a student wants to cancel their admission they have to cancel it within the admission period. In other word before getting enrollment number for the concern course. Once the enrollment number is allotted cancellation of admission will not be done and the concern student will have to make full payment of the respective course irrespective of the fact that he will be sitting for the exam paper or not.
4. Upon getting enrollment the student automatically submits to the above said terms and conditions.

Name & Sign. of Candidate

Self Declaration

Name of Student :- _____

I, (under signed) being an Applicant Student have submitted an Application Form for taking admission in the course _____.

I do hereby; declare that, the entries made by me in the Application Form are complete and true to the best of my knowledge and based on records.

I do hereby, undertake to present the original documents in time, as per college instruction after the confirmation of my admission.. And I am aware that, if I fail to do so i.e. If I do not submit these original documents or if there is a discrepancy between the information I have given in the application form and my original certificates, my admission will remain cancelled.

Date-

Name Of Student:- _____

Signature of Student:- _____

List of Required Documents for Admission

Course Code	RZ
Course Name	Advance Diploma in X-ray Radiography
Duration	1.5 Year Full Time
Required Documents	<ul style="list-style-type: none"> ✓ 10th Mark Sheet and Certificate – Original Hard Copy with 2 set of Photo Copy ✓ 12th Mark Sheet and Certificate – Original Hard Copy with 2 set of Photo Copy ✓ Mark Sheet and Certificate (Original) with 2 sets of Photo copy of respective graduation done, such as B.Sc with Physics, Chemistry, Microbiology, Life Science, Zoology, Biology, Bo Chemistry as a major Subject at final year of B.Sc Bio Technology, B.Sc Nursing, B.Pharmacy, M.B.B.S, B.A.M.S, B.H.M.S, B.U.M.S, B.D.S, D.H.M.S from a recognized university/Board in Maharashtra or its equivalent. ✓ Passport Size Color Photographs – 5 Set ✓ Aadhar Card Zerox Copy – 3 Sets ✓ Leaving Certificates (original)/ TC/ Migration---- Original hard Copy with 2 Sets of Photo Copy ✓ Duly Filled College Admission Form ✓ Undertaking and Self Declaration Form

Note:- Kindly send your all documents at Head Office on below mentioned address

Umashankar Social Welfare and Education Foundation,
 Shop No 2, Shoplet, Sector M, Near Ramleela Maidan, N-7,
 CIDCO, Chatrapati Sambhajinagar(Aurangabad),
 Maharashtra- 431003
 Contact No:- 02402993433, 9130073854, 9130073855