

S.E. Society's SNBP College

Yerwada, Pune-06

Affiliated to the Savitribai Phule Pune University, Pune

ENROLLMENT FORM

Academic Year: 20___to 20___

Paste Photo

	ndidate:		
Eligibility No. :			
ourse:		Class:	
ate of Birth:		Gender: Male	Female
Address of Candidate:			
Permanent Address		Correspondent Address	
ontact No.	1.	2.	
mail Id:			
arent Detai		1	
	Father	Mother	Guardian
Name			
Contact No.			
Email Id			



S.E. Society's **SNBP College**

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UNDERTAKING FORM

Academic Year: 20___to 20___

1	Mr./Mss/o or d/o of
	student of (Class Name) enrolled for
	Certification program, do hereby undertake as under :
1.	I hereby declare that the entries made by me in registration form are true to the best of my
kno	wledge, belief and information.
2.	As per certification program policy, 80% attendance is mandatory and I commit myself to
adhe	ere to the same. In case my attendance falls short, for any reason, the competent authority of
certi	ification department, SNBP may take strict action against me and I agreed with that.
3.	I hereby agreed that I shall give my 100% participation in each and every activity which is
und	er the certification department.
4.	If I absent for consecutive two lectures, I shall not be allowed to complete the course and
shal	l be charged Rs. 500/- for the same.
Date	e:
Plac	ee:
	Signature of Parent Signature of Student