




State Common Entrance Test Cell, Maharashtra State, Mumbai
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-400001.(M.S.)
Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year
Post Graduate Technical Courses in Management Admissions Viz. MBA/MMS for the
year 2019 - 2020

Application ID : MB19227740

Personal Details

Full Name	SHIVANI RAJENDRA DESHMUKH			
Nationality	Indian	Gender	Female	
Date of Birth	20-04-1997	Annual Family Income (₹)	50,001 - 1,00,000	
Category-Caste	OPEN			
Religious Minority/Linguistic Minority	N.A			
PWD Type	Physical impairment			
Type of Candidature	Maharashtra State Candidate - Type A			

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	₹ 1000/-	Payment Status	Successful	Transaction Id	db88f2a0910d7f1d2e7c
------------------------	----------	-----------------------	------------	-----------------------	----------------------

Allotment Details

State Level Merit Number	20537
Allotted Choice Code	613710110
Allotted Seat Type	PWDOPENH
Preference No.	1

Reporting Details

Institute	Vidya Pratishthan Institute of Information Technology, Baramati, Pune		
Tution Fees (₹)	13700/-	Course	613710110-M. B. A.
Development Fees (₹)	0/-	Admission Date	04-09-2019
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	13700/-		
Remark			

Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 14-12-2019

Place :

Signature of The Candidate
(SHIVANI RAJENDRA DESHMUKH)



INSTITUTE USE ONLY

Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Post Graduate Technical Courses in Management Admissions Viz. MBA/MMS for the year 2019 - 2020 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Vidya Pratishthan Institute of Information Technology, Baramati, Pune

Signature of Institute Officer (6137)

Reported On: 20-07-2019 05:46:28 PM

Reported By: 6137

Printed On : 14-12-2019 09:52:49 AM

Printed By: 6137

Last Modified On : 06-09-2019 05:51:11 PM

Last Modified By: 6137



Government of Maharashtra

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)



Prashanth D

NAME OF THE HOSPITAL:

C.S.M.Hospital,Solapur
(Maharashtra, India)

Certificate Number: 125406

Date: 28/11/16

This is to certify that I have carefully examined.

Person Identification Number: PI52600180440

Aadhar Number: N/A

Shri/Smt./Kum: **DESHMUKH SHIVANI RAJENDRA**

Father Name: Shri/Smt./Kum. RAJENDRA

Date of Birth (dd/mm/yyyy):

Gender: Female

Permanent Address:

House Address: A/P DESHMUKH GALLI AKLUG

Village: Akluj

District: Solapur

Taluka: Malshires

Pincode: 413101

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	Spine	BILATERAL OPERATED CONGENITAL DISLOCATION OF HIP WITH LUMBAR SCOLIOSIS WITH COMPENSATORY THORACIC SCOLIOSIS	41

- The Above condition is **Permanent, non-progressive, not likely to improve**
- Reassessment of disability not necessary
- The applicant has submitted following documents as proof of residence:

Aadhar Card, Ration card

Prashanth D
Dr. Prashanth D
Associate Professor Orthopedics
Member
Regn. No. : 87634

(Signature and Seal of Authorised Signatory of notified Medical Authority)

V. P. Doijad
Dr. V. P. Doijad
Additional Civil Surgeon
Member Secretary

D. D. Gaikwad
Dr. D. D. Gaikwad
Civil Surgeon
President

Regn. No. : 2005/072808

Regn. No. : 70361

Signature of the person who is suffering from the disability
अधिव्याख्याता
अस्थिव्यंगोपचार शास्त्र विभाग.
डॉ. व. स्मू शा. वैद्यकीय महाविद्यालय
सोलापूर.

वेद्यकीय उप अधीक्षक
श्री छत्र. शिवाजी महाराज सर्वोपचार रुग्णालय
सोलापूर -
श्री छत्र. शिवाजी महाराज सर्वोपचार रुग्णालय
सोलापूर.

Self attested

Prashanth D