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**APPLICATION FOR ADMISSION AS A POST-GRADUATE STUDENT FOR THE
DEGREE OF MASTER OF SOCIAL WORK PROGRAMME
MSW II YEAR - SEMESTER III (2020-2021)**

To,
The Director
Karve Institute of Social Service
Pune-411 052

Passport
size

Sir,

I hereby apply for provisional admission to Karve Institute of Social Service, affiliated to the University of Pune as a Post-Graduate Student for the MSW 2nd Semester III. I state that I have not been admitted as a student for any other Degree in this University or for any Degree in any other University. I am giving below particulars about myself:

Specialization opted:

1. Family and Child Welfare ☐ 2. Human Resource Management ☐
3. Medical & Psychiatric Social Work ☐ 4. Urban & Rural Community Development ☐

Subject Choice and Options for Sem -III:

GC: Generic-Compulsory	G-9. Personal & Professional Development for Social Work Practice <input type="checkbox"/>
	G-10. Administration and Management of Development Organization <input type="checkbox"/>
GOCB: Generic Optional / Choice Based Course (Any ONE out of three generic optional courses)	G-12. Social Legislations for Social Work <input type="checkbox"/>
	G-13. Community Health, Mental Health and Environmental Hygiene <input type="checkbox"/>
EC- 2. Specialization Elective Course -2	FCW- 2 <input type="checkbox"/> HRM- 2 <input type="checkbox"/> MPSW-2 <input type="checkbox"/> URCD-2 <input type="checkbox"/>
EC- 3. Specialization Elective Course- 3	FCW- 3 <input type="checkbox"/> HRM- 3 <input type="checkbox"/> MPSW-3 <input type="checkbox"/> URCD-3 <input type="checkbox"/>
Field Practicum (Field Work)	Compulsory

I have selected these choices as per my own interest and liking.

I am aware that the Institute reserves all the rights to decide/reject the final choice depending upon the preferences given by me, availability of faculty/resources and in the best interest of my academics and career.

I (in full, CAPITAL LETTERS), -----
(Surname) (First Name) (Middle Name)

If admitted to the M.S.W. 2nd, Semester III, hereby agree to abide by the rules and regulations of orderly working and discipline.

I hereby submit to the disciplinary jurisdiction of the Vice-Chancellor and the authorities of the University and/or the authorities of the Institute, and shall observe and abide by the rules, made by the Vice-Chancellor and those made by the Head of the Institute, from time to time.

I further declare that I shall not take part in any movement likely to be subversive of law and order.

Place: Signature of the Applicant: _____

Date: Name of the Applicant: _____

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DECISION BY THE DIRECTOR

Provisionally admitted to MSW 2nd Year, Semester III Semester. For formal confirmation of admission to the MSW degree programme semester IV subject to passing/qualifying previous semester as per University rules and regulations and eligibility certificate from the University as the case may be is essential.

**In charge
Admission Committee**

Director

Surname	Name	Father's/Husband Name	Mother's Name
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1. Name (in full CAPITAL LETTERS
Beginning with Surname) Shri. / Smt.
.....
2. Date of Birth:
3. Permanent Address:
4. Present (Local) Address:
5. E-mail ID Contact No. (Mobile)
Land line No.
6. Do you belong to Scheduled Castes, Scheduled Tribes, OBC, VJ-A/VT-B/NT-C/NT-D
If yes, give details :
7. Particular of Semester I previously passed : (Whichever is applicable, Enclose attested c

MSW	University & College	Year of Passing	Subject/s offered	Class / Grade	Percentage Grade Point
Semester I					

8. Status of passing of previous semester -
- | | |
|---------------|---------|
| 1. Clear Pass | 2. ATKT |
|---------------|---------|
9. A) Have you applied for revaluation ?
- | | | | |
|--------|--------------------------|-------|--------------------------|
| 1. Yes | <input type="checkbox"/> | 2. No | <input type="checkbox"/> |
|--------|--------------------------|-------|--------------------------|
- B) If yes, please mention the subject:
- | |
|---------|
| 1. |
| 2. |
| 3. |
10. Adhar Card Number (Compulsory for all):
(Also enclose Xerox copy of Adhar Card)
- | |
|-------|
| |
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All the particulars given above are true to the best of my knowledge. I shall be responsible for any errors and wrong or incomplete entries made by me in the application form for admission to the course.

Yours faithfully,

Place:

Date: **(Signature of the Applicant)**

Encl: 1. Mark sheet of semester II