

**Proforma – A**  
**(For Type – C Candidates)**

(To be issued on the **Printed Letter Head** of the concerned office)

**(For sons and daughters of Central Government / Government of India undertaking employees)**

**CERTIFICATE**

This is to certify that Shri / Smt. .... is an employee in the capacity of ..... in .....

(Designation) (Name of the Organization / Establishment / Department)

This Organization / Establishment / Department is under .....

(Department of Central Government / Government of India undertaking)

Shri / Smt. .... is transferred to ..... in Maharashtra State vide transfer order No..... Dated.....

He / She has joined duty in Maharashtra on ..... and is currently working in the same post.

This certificate is issued for the purpose of his / her son / daughter ..... 's admission to First Year of Under Graduate Degree courses in Bachelor in Fine Art for the academic year 2019-20.

Outward No. & Date:

(Signature)

Place:

Name & Designation  
of the Head of the office

Seal of the Office

Note: This pro forma is to be accompanied by attested copy of :

1) Transfer order

2) Joining report

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**Proforma B-1**  
**(For Type D Candidates-)**

(To be issued on the **Printed Letter Head** of the concerned office)

**(For sons and daughters of Maharashtra State Government / Maharashtra State Government undertaking employees)**

**CERTIFICATE**

This is to certify that Shri / Smt. .... is an employee in the capacity of ..... in .....

(Designation) (Name of the Organisation / Establishment / Department)

This Organisation / Establishment / Department is under .....

Department of Maharashtra State Government / Maharashtra State Government undertaking.

Shri / Smt. .... is transferred to/from ..... In/out of Maharashtra State vide transfer order No..... Dated.....

He / She has joined duty in/out of Maharashtra State on ..... and is currently working in the same post.

This certificate is issued for the purpose of his/her son/daughter ..... 's admission to First Year of Under Graduate Degree courses in Bachelor in Fine Art for the academic year 2019-20.

Outward No. & Date:

(Signature)

Place:

Name & Designation  
of the Head of the office

Seal of the Office

Note: This pro forma is to be accompanied by attested copy of:

1) Transfer order

2) Joining report

**Proforma B-2**  
**(For Type D Candidates)**  
**(For sons and daughters of Maharashtra State Government/ Maharashtra State Government**  
**undertaking retired employees)**

**UNDERTAKING**

This is to undertake that I, ....., have retired from the service from the post of  
..... in .....

(Designation) (Name of the Organisation / Establishment / Department).

This Organisation / Establishment / Department is under  
.....

Department of Maharashtra State Government / Maharashtra State Government undertaking.

I have retired on ..... and settled in ..... taluka ..... district --..... This  
undertaking is submitted for the purpose of my son/daughter .....’s admission to  
First Year of Under Graduate Degree courses in Bachelor in Fine Art for the academic year 2019-20.

(Signature)

Place:

Name

Date:

Note: This pro forma is to be accompanied by attested copy of:

- 1) Pension Pay Order.
- 2) Proof of settlement (Ration Card/ Electricity Bill/Aadhaar Card/ Telephone Bill/ Property Document/ Election Card).

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**Pro forma – C**

(To be issued on the **Printed Letter Head** of the **concerned office**)

**(For Def-1, Def-2 and Def-3 Candidates)**

**(For sons and daughters of defence service personnel)**

**CERTIFICATE**

This is to certify that Shri. / Smt....., .....

(Full Name of the Employee with Rank of the employee)

is / has been a member of Armed forces of India. He / She has put in ..... years of service in Indian  
Army / Indian Navy / Indian Air Force from ..... to ..... and is currently working / retired from  
services on ..... / permanently disabled since ..... / killed in action on .....

This certificate is issued for the purpose of his / her son / daughter .....’s admission to  
First Year of Under Graduate Degree courses in Bachelor in Fine Art for the academic year 2019-20.

Outward No. & Date:

Place:

(Signature)

Name and designation  
of the Authority not below the rank  
of Commandant or equivalent /  
District Sainik Welfare officer

Seal of the Office

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Note:-

1. This certificate is **not** to be issued for the Civilian Staff working in the Indian Army/Navy/Airforce.
2. For Def-1 and Def-2 candidates, above pro forma is to be accompanied by attested copy of **Domicile certificate of parent who is in active service or ex-serviceman.**

**Pro forma– D**

(To be issued on the **Printed Letter Head** of the concerned office)

(For Def-3 candidates)

(For sons and daughters of Active defence service personnel not domiciled in Maharashtra State)

**CERTIFICATE**

This is to certify that Shri / Smt. .... is a member of  
(Full Name of the Employee with Rank of the employee)

Armed forces of India, and is currently working in Indian Army / Indian Navy / Indian Air Force.

Shri / Smt. .... is transferred to ..... (Place of posting) in Maharashtra State vide transfer order No..... Dated..... He / She has joined duty in Maharashtra on ..... and is currently working in the same post.

(Date of Joining)

This certificate is issued for the purpose of his / her son / daughter .....’s admission to First Year of Under Graduate Degree courses in Bachelor in Fine Art for the academic year 2019-20.

Outward No. & Date:

(Signature)

Place:

Name & Designation  
of the Head of the office

Seal of the Office

Note: This pro forma is to be accompanied by attested copy of

- 1) Transfer order
- 2) Joining report

This certificate is **not** to be issued for Civilian Staff working in the Indian Army/Navy/Air force.

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**Pro forma – E**

(To be issued on the **Printed Letter Head** of the concerned office)

(For Def-3 candidates)

(For sons and daughters of Active defence service personnel not domiciled in Maharashtra State but retained their family accommodation)

**CERTIFICATE**

This is to certify that Shri / Smt. .... is a member of  
(Full Name of the Employee with Rank of the employee)

Armed forces of India, and is currently working in Indian Army / Indian Navy / Indian Air Force.

Shri / Smt. .... is presently posted at .....  
(Place of posting)

His / Her previous posting was at .....in Maharashtra State.

He / She has retained family accommodation in..... in Maharashtra State on account of posting in non-family station / for education purpose of son / daughter.

This certificate is issued for the purpose of his / her son / daughter .....’s admission to First Year of Under Graduate Degree courses in Bachelor in Fine Art for the academic year 2019-20.

Outward No. & Date:

(Signature)

Place:

Name & Designation  
of the Head of the office

Seal Of the Office

Note: - This certificate is **not** to be issued for Civilian Staff working in the Indian Army/Navy/Air force.

**Proforma – G1**

(To be issued on the **Printed Letter Head** of the **concerned office**)  
**(For Candidates from Maharashtra and Karnataka disputed Border Area)**

**CERTIFICATE**

This is to certify that Shri / Smt. .... (candidate himself/herself) is a resident of ..... Village in .....Taluka ..... District. This village is a village which exists in Maharashtra Karnataka disputed border area.

This certificate is issued for the purpose of his / her ward's / candidate's admission to First Year of Under Graduate Degree courses in Bachelor in Fine Art for the academic year 2019-20.

Outward No. & Date:

District Collector/ Deputy Commissioner/  
District Magistrate/Additional District Magistrate/  
Taluka Executive Magistrate

Place:

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**Proforma – G2**

(To be issued on the **Printed Letter Head** of the **concerned office**)  
**(For Candidates from Maharashtra and Karnataka disputed Border Area)**

**CERTIFICATE**

This is to certify that Mr. /Miss ..... is a student of this school / College. He / She has passed Std. X / Std. XII examination from this school/college located in Maharashtra Karnataka disputed border area. His / Her mother tongue is Marathi and he / she has passed Std. X / Std. XII examination with Marathi as one of the subjects.

This certificate is issued for the purpose of his / her admission to First Year of Under Graduate Degree courses in Bachelor in Fine Art for the academic year 2019-20.

Outward No. & Date:

Head Master /Principal  
School/ College

Place:

Seal of the School / College

**Proforma – J**

(To be issued on the **Printed Letter Head** of the **concerned office**)

**( For sons and daughters of Defence / Paramilitary force / I.A.S. / I.P.S. / I.F.S. / J& K Police officials  
posted in Jammu / Kashmir to combat terrorist activities )**

**CERTIFICATE**

Ref. No.

Date:

This is to certify that Shri / Smt. .... is an official belonging to Defence / Paramilitary force / I.A.S. / I.P.S. / I.F.S. / J& K Police presently posted and working at ..... which is treated as disturbed area in Jammu & Kashmir.

This certificate is issued for the purpose of his/her son/daughter .....’s admission to First Year of Under Graduate Degree courses in Bachelor in Fine Art for the academic year 2019-20.

Outward No.& Date:

Head of the Office

Place:

Seal of the Office

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**Proforma – K**

(To be issued on the **Printed Letter Head** of the **concerned office**)

**(For Jammu / Kashmir Migrant Candidates)**

**(Migrants staying in refugee camps)**

**CERTIFICATE**

Ref. No.

Date:

This is to certify that Mr./ Miss. .... belongs to a family residing in this refugee camp after being displaced after 1990 due to terrorist activities in Jammu and Kashmir.

The detail of refugee status is as under.

Ration card Number:

Name of the members on the ration card:

This certificate is issued for the purpose of his / her admission to First Year of Under Graduate Degree courses in Bachelor in Fine Art for the academic year 2019-20.

Outward No. & Date:

Name & Signature of Head of the Office

Place:

Migrant/Refugee Camp

Seal of the Office

**Proforma – L**

(To be issued on the **Printed Letter Head** of the **concerned office**)

**(For Refugees staying with relatives)**

**(Displaced Jammu / Kashmir Candidates staying with relatives / friends in India other than Migrant / Refugee camp)**

**CERTIFICATE**

Ref. No.

Date:

This is to certify that Mr./Miss. .... is a displaced person from Jammu & Kashmir after 1990 due to terrorist activities in Jammu and Kashmir. He / She is staying with .....

(Name and complete address of the Person with whom the candidate is staying at present)

..... since past .....years.

This certificate is issued for the purpose of his / her admission to First Year of Under Graduate Degree courses in Bachelor in Fine Art for the academic year 2019-20.

Outward No. & Date:

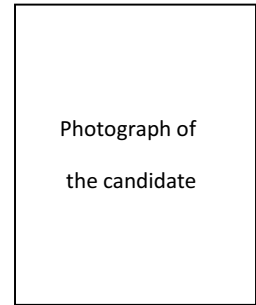
Name & Signature of  
District Collector

Place:

Seal of the Office

**Proforma-F1**  
**(For Person with Disability Candidates)**  
**P3 (Learning Disability) Candidates**  
**CERTIFICATE**

Name :  
Age :  
Date of Birth :  
Date of Registration : L.D.No.  
Father's Name :  
Std. : School Name :  
Physical & Neurologic Assessment (Date : )



Psychologic Assessment (Date : )  
WISC ( R ) Verbal IQ :  
Performance IQ :  
Global IQ :  
Interpretation:

Educational Assessment (Date: ) WRAT: R  
S  
A

Certified that:

1. The percentage of Challenged is not less than 40% and is equal to .....%.
2. The disability is permanent in nature.
3. The candidate is capable of carrying out all activities related to theory and practical works as applicable to degree course in Engineering/Technology without any special concessions and exemptions.
4. This Certificate is issued as per the provisions given in the Person with Disability Act, 1995 and its amendments. This certificate is issued for the purpose of his/her admission to First Year of Under Graduate Degree courses in Bachelor in Fine Art for the academic year 2019-20.

Recommendations:

(Name and Signature Of Issuing Authority)

Outward No.& Date:

Seal of the Office

**PROFORMA -F**

**(For P1, P2, and P3 Candidates)**  
**(For Persons with Disability Candidates)**

Recent Photograph  
of the candidate  
showing the  
disability duly  
attested by the  
chairperson of the

Name and address of the Institute / Hospital

Certificate No.

Date

**DISABILITY CERTIFICATE**

This is certified that Shri/Smt./Km. .... son/wife/daughter of  
Shri ..... age..... sex..... identification mark (s)..... is  
suffering from permanent disability of following category :

**A. Locomotors or cerebral palsy:**

- (i) BL-both legs affected but not arms.
- (ii) BA-Both arms affected (a) Impaired reach (b) Weakness of grip
- (iii) BLA-Both legs and both arms affected
- (iv) OL-One leg affected (right or left) (a) impaired reach (b) Weakness of grip (c) Ataxic
- (v) OA-One arm affected (a) Impaired reach (b) Weakness of grip (c) Ataxic
- (vi) BH-Stiff back and hips (Cannot sit or stoop)
- (vii) MW-Muscular weakness and limited physical endurance.

**B. Blindness or low vision**

- (i) B-Blind
- (ii) PB-Partially Blind

**C. Hearing impairment**

- (i) D-Deaf
- (ii) PD-Partially Deaf

(Delete the category, whichever is not applicable)

2. This condition is progressive/nonprogressive/likely to improve/not likely to improve. Re assessment of this case of not recommended/is recommended after a period of years months\*.

3. Percentage of disability in his/her case is \_\_\_\_\_ percent.

4. Sh./Smt./Kum. \_\_\_\_\_ meets the following physical requirements for discharge of his/her duties.

- |  |        |
|--|--------|
| (i) Fcan perform work by manipulating with fingers | Yes/No |
| (ii) P Pcan perform work by pulling and pushing    | Yes/No |
| (iii) Lcan perform work by lifting                 | Yes/No |
| (iv) K Ccan perform work by lifting                | Yes/No |
| (v) Bcan perform work by bending                   | Yes/No |
| (vi) S can perform work by sitting                 | Yes/No |
| (vii) STcan perform work by standing               | Yes/No |
| (viii) W can perform work by walking               | Yes/No |
| (ix) S Ecan perform work by seeing                 | Yes/No |
| (x) H can perform work by hearing/speaking         | Yes/No |
| (xi) R W can perform work by reading and writing   | Yes/No |

(Dr. )  
Member  
Medical Board

(Dr. )  
Member  
Medical Board

(Dr. )  
Member  
Medical Board

Countersigned by the Medical  
Superintendent/CMO/  
Head of Hospital (with seal)

\*Strike out which is not applicable