

SHREE SIDDHESHWAR COLLEGE OF PHYSIOTHERAPY, SOLAPUR.

OFFICE OF THE PRINCIPAL

Phone No. 0217-2748760

email :- ssamchsol@gmail.com

O.W.N. SSCOP/BPTH/ADMI. 24-25

DATE: -

Original Document List

Received all original document from Shri/Kum.
and is admitted to First B.P.Th course in this Shree Siddheshwar College of Physiotherapy, Solapur. From NEET -2024 under State Quota on dated / /2024.He/She has submitted following Original Certificate & Three Set of attested photocopies separately and College fees at the time of admission AIR No Caste & Category

S. No	Documents	Yes	No	S. No	Documents	Yes	No
1	Age/Nationality Certificate/Valid Indian Passport	√		17	Non-Creamy Layer Certificate (Valid Dated Current Date For (NT1 NT2 NT3.OBC.SBC)	√	
2	Domicile Certificate	√		18	Medical Fitness Certificate (Annexure III)	√	
3	Leaving Certificate/Transfer certificate	√		19	Migration Certificate (If Applicable)	√	
4	10 Mark Sheet			20	Gap Certificate (If Applicable)	√	
5	10 Passing Certificate	√		21	DI/D2/D3 Ex-servicemen Certificate actual service certificate		
6	12 Statement of Mark sheet	√		22	DI D2 Domicile Certificate of Défense person		
7	12 Standard Passing Certificate			23	D-3 Transfer Certificate		
8	NEET-2024-Selection List	√		24	Défense certificate (If Applicable) Father/Student Domicile.		
9	NEET-2024 Marks Sheet	√		25	MKB Border Certificate/Mother tongue certificate.		
10	NEET-2024 Online Application (Confirmation)	√		26	HA- Parent Domicile. SSC/HSC Hilly area certificate.		
11	NEET-2024 Admit Card/Allotment Letter	√		27	Handicapped certificate (If applicable)		
12	NEET-2024 Online Registration	√		28	Income Certificate	√	
13	Verification Receipt			29	Annexure C for Voter card / Voter Card Xerox Copy.		
14	Caste Certificate (If Applicable)	√		30	Aadhar Card No.	√	
15	Caste Validity Certificate (If Applicable)	√		31	Aadhar Card xerox copy Compulsory	√	
16	EWS Certificate (If Applicable)	√		32	Blood CBC Report		
	Fees Rs.	DD No.1 DD No.2			Date: - Date: -		

All above original certificates check and found correct

Signature of Security officer

Name of Security Officer

Date

Principal