

Proforma's and Undertakings:

To avail of the facility for seat allotment based on category or category merit quota, candidates must submit all applicable documents. We have provided certain formats of proformas and candidature types here for the ready reference of the applicants.

•	OSP -2, and DSP -3 candidates) OF DEFENCE SERVICE PERSONNEL)		
Outward No.:	Date:/20		
CERTIFICATE			
is/ has been a member of Armed forces of I of service in Indian Army/ Indian Nav	the Employee with Rank of the employee) India. He/ She has put in years yy/ Indian Air Force from to retired from services on/		
to First / Direct Second Year of Degree Prog	his/ her son/ daughter's admission gramme in B.Tech./ B.Pharm./ Pharm. D./ B.Tech B.Des. / M.Des. / MBA for the academic year		
Place: Seal of the Office	(Signature) Name and designation of the Authority not below the rank of Commandant or equivalent / District Sainik Welfare officer		
Note: 1. This certificate is not to be issued for the force.	e Civilian Staff working in the Indian Army/Navy/Air		

2. For DSP-1 and DSP-2 candidates, above proforma is to be accompanied by attested copy

of Domicile certificate of parent who is in active service or ex-serviceman.



Proforma – II (For DSP-3 Candidates)

(FOR SONS AND DAUGHTERS OF ACTIVE DEFENCE SE MAHARASHTRA ST	
Outward No.:	Date:/20
CERTIFICAT	E
This is to certify that Shri/Smt(Full Name of the Employ Armed forces of India and is currently working in Force.	ee with Rank of the employee)
Shri/ Smt is transferred Maharashtra State vide transfer order No joined duty in Maharashtra on in the same post.	Dated He/ She has
This certificate is issued for the purpose of hi admission to First /Direct Second Year of Degr Pharm. D./ B.Tech (Integrated-Diploma & Degree the academic year 20 20	ree Programme in B.Tech./ B.Pharm./
Place: Seal of the Office	(Signature) Name & Designation of the Head of the office
Note: This pro-forma is to be accompanied by attested cop 1. Transfer order. 2. Joining report. This certificate is not to be issued for Civilian Staff working	,



Proforma - III (For DSP-3 Candidates)

(FOR SONS AND DAUGHTERS OF ACTIVE DEFENCE SERVICE PERSONNEL NOT DOMICILED IN MAHARASHTRA STATE BUT RETAINED THEIR FAMILY ACCOMMODATION)

MAHARASHTRA	A STATE BUT RETAINED THEI	IR FAMILY ACCOMMODATION)	
Outward No.:	•••••	Date:/ /20	· ···
	CERTIFICAT	ΓΕ	
, (F	Full Name of the Employee with R	is a member of the employee) n Indian Army/ Indian Navy/ Indian A	
		is presently posted at(Place of posting)	•
His/ Her previous posti	ng was atin	Maharashtra State.	
He/ She has retained t	family accommodation in.	in Maharashtra Stat	e
on account of posting	in non-family station/ for	education purpose of son/ daughter.	,
admission to First /Di Year of Degree Progr	rect Second Year of Degramme in B.Tech./ B.Pha	nis/ her son/ daughter ree Programme in First /Direct Secon arm./ Pharm. D./ B.Tech (Integrated MBA for the academic year 20	nd d-
Place:	Seal of the Office	(Signature) Name & Designation of the Head of the office	
Note: This certificate is not	to be issued for civilian staff w	working in the Indian Army/ Navy/ Air forc	e.



Proforma - IV (For P-1, P-2, and P-3 Candidates)

(FOR PERSONS WITH DISABILITY CERT		ILITY CERTIF	Date ICATE	Recent Photograph of the candidate showing the disability duly attested by the chairperson of the competent authority	
1. This	is certified that Shr	ri/Smt./Km		son/	wife/ daughter o
		_		identification mark ((s)
suffe	ring from perman	ient disability	of following catego	ory: -	
A. Lo	comotors or cerebi	ral palsy: (Dele	ete the category, whiche	ver is not applicable)	
(i)	BL-both legs affected I	but not arms.			
(ii)	BA-Both arms affected	d	(a) Impaired reach	(b) Weakness of grip	
(iii)	BLA-Both legs and bot	th arms affected			
(iv)	OL-One leg affected (r	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	s (Cannot sit or sto	оор)		
(vii)	MW-Muscular weakn	ess and limited ph	nysical endurance		
C. He (2. This con	(i) B-Blind a ring impairment: (i) D-Deaf adition is progressiv	ii) PI) Delete the categ(ii) PI) Oe/non-progre			
C. He (. This con f this cas . Percent . case is n	(i) B-Blind caring impairment: (i) D-Deaf dition is progressivate of not recomme cage of disability in neeting the followir	(ii) Pf (Delete the categ (ii) Pf re/non-progre anded/is recor his/her ng physical rec	B-Partially Blind gory, whichever is not ap D-Partially Deaf essive/likely to impromended after a pe percent. quirements for discl	pplicable) ove/not likely to impro riod ofyears	
C. He (. This con f this cas . Percent . case is n	(i) B-Blind caring impairment: (ii) D-Deaf dition is progressive se of not recomme cage of disability in the eting the followire c./Kum	(ii) PI (Delete the categ (ii) PI ve/non-progre nded/is recor his/her ng physical rec	B-Partially Blind gory, whichever is not ap D-Partially Deaf essive/likely to impromended after a pe percent. quirements for discluding the charge	ove/not likely to impro eriod ofyears narge: . of his/her duties.	months*.
C. He (. This con f this cas . Percent . case is n	(i) B-Blind caring impairment: (i) D-Deaf dition is progressive se of not recomme cage of disability in meeting the followire c./Kum	(ii) PI (Delete the categ (ii) PI ve/non-progre anded/is recor his/her ng physical rec disc m work by mani	B-Partially Blind gory, whichever is not ap D-Partially Deaf essive/likely to impromended after a pe percent. quirements for disclenarge	ove/not likely to impro eriod ofyears narge: . of his/her duties.	months*. 'es/No
C. He (. This con f this cas . Percent . case is n	(i) B-Blind paring impairment: (ii) D-Deaf pudition is progressive page of not recomme page of disability in p	(ii) PE (Delete the categ (ii) PE (e/non-progre ended/is recor his/her ng physical recordisc m work by mani orm work by pul	B-Partially Blind gory, whichever is not ap D-Partially Deaf essive/likely to imprommended after a pe percent. quirements for discluding with fingers lling and pushing	ove/not likely to impro eriod ofyears narge: . of his/her duties.	/es/No /es/No
C. He (. This con f this cas . Percent . case is n	(i) B-Blind (ii) D-Deaf (idition is progressive) (is e of not recomme tage of disability in the following the foll	(ii) PE (Delete the cates (ii) PE (e/non-progre ended/is recor his/her ng physical rec disc m work by mani orm work by pul m work by lifting	B-Partially Blind gory, whichever is not ap D-Partially Deaf essive/likely to impromended after a pe percent. quirements for discluding with fingers lling and pushing	pplicable) ove/not likely to improveriod ofyears narge: . of his/her duties.	/es/No /es/No /es/No
C. He (This con f this cas Percent case is n	(i) B-Blind paring impairment: (i) D-Deaf padition is progressive ase of not recomme age of disability in the neeting the following and the following area of the following area	(ii) PE (Delete the categ (ii) PE ve/non-progree ended/is recorn his/her ng physical recorn discom work by mani orm work by lifting orm work by lifting	B-Partially Blind gory, whichever is not ap D-Partially Deaf essive/likely to imprommended after a permoderate permoderate for disclerating with fingers ling and pushing ging	ove/not likely to improveriod ofyears narge: of his/her duties.	'es/No 'es/No 'es/No 'es/No
C. He (2. This con of this cas B. Percent L. case is n	(i) B-Blind (ii) D-Deaf (iii) D-Deaf (iiii) D-Deaf (iiii) D-Deaf (iiii) D-Deaf (iiii) D-Deaf (iiii) D-Deaf (iiii) D-Can perfor (iv) B-Can perfor (v) B-Can perfor	(ii) PE (Delete the categ (ii) PE ve/non-progre ended/is recor his/her ng physical recordisc m work by mani orm work by pul m work by lifting orm work by lifting orm work by beno	B-Partially Blind gory, whichever is not ap D-Partially Deaf essive/likely to impromended after a pe percent. quirements for discluding with fingers lling and pushing g ing	pplicable) ove/not likely to improvation ofyears narge: . of his/her duties.	/es/No /es/No /es/No /es/No /es/No /es/No
C. He (2. This con of this cas (3. Percent (4. case is n	(i) B-Blind (ii) D-Deaf (idition is progressive se of not recomme rage of disability in the following section of the foll	(ii) PE (Delete the cates (ii) PE (e/non-progreended/is recorn his/her ng physical recorn work by maniorm work by pull m work by lifting form work by lifting form work by lifting m work by sittin m work by sittin	B-Partially Blind gory, whichever is not ap D-Partially Deaf essive/likely to impromended after a pe percent. quirements for discluding with fingers lling and pushing ging	pplicable) ove/not likely to improveriod ofyears narge: . of his/her duties. Y Y Y Y Y	/es/No /es/No /es/No /es/No /es/No /es/No /es/No
C. He (This con f this cas Percent case is n	(i) B-Blind (ii) D-Deaf (idition is progressive se of not recomme rage of disability in the neeting the following in the foll	(ii) PE (Delete the categ (ii) PE ve/non-progre ended/is recor his/her ng physical recommodisc m work by mani orm work by lifting orm work by lifting orm work by sittin orm work by sittin orm work by star	B-Partially Blind gory, whichever is not ap D-Partially Deaf essive/likely to improme mended after a permoder of the commended after a permode	pplicable) ove/not likely to improveriod ofyears narge: . of his/her duties. Y Y Y Y Y Y Y	'es/No 'es/No 'es/No 'es/No 'es/No 'es/No 'es/No
C. He (2. This con of this cas B. Percent L. case is n	(i) B-Blind paring impairment: (i) D-Deaf paring impairment: (i) D-Deaf paring impairment: (i) se of not recomme (i) se of disability in (ii) F-can perform (iii) PP-can perform (iv) KC-can perform (iv) KC-can perform (vi) S-can perform (vii) ST-can perform (viii) W-can perform	(ii) PE (Delete the cates (ii) PE (e/non-progreended/is recorn his/her ng physical recorn work by maniorm work by pull m work by lifting orm work by lifting orm work by lifting orm work by sittin m work by sittin	B-Partially Blind gory, whichever is not ap D-Partially Deaf essive/likely to imprommended after a permoder of the commended after a permoder. Quirements for discluding with fingers lling and pushing going ding me mains and pushing ling and pushing ling me mains ling ling ling ling ling ling ling ling	pplicable) ove/not likely to improveriod ofyears narge: . of his/her duties. Y Y Y Y Y Y Y Y	/es/No /es/No /es/No /es/No /es/No /es/No /es/No
C. He (2. This con of this cas 3. Percent 1. case is n	(i) B-Blind (ii) D-Deaf (idition is progressive se of not recomme rage of disability in the neeting the following in the foll	(ii) PE (Delete the cates (ii) PE ve/non-progree ended/is record his/her ng physical record work by maniform work by lifting form work by lifting form work by bencom work by sitting form work by star form work by wall	B-Partially Blind gory, whichever is not ap D-Partially Deaf essive/likely to impromended after a pe percent. quirements for discluding with fingers lling and pushing ging ding ending king eing	pplicable) ove/not likely to improveriod ofyears narge: . of his/her duties. Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	'es/No 'es/No 'es/No 'es/No 'es/No 'es/No 'es/No 'es/No 'es/No

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



Proforma -V (For Person with Disability Candidates) (P3 (LEARNING DISABILITY) CANDIDATES)

Certificate No...... Date...........

Recent
Photograph
of the
candidate

	CERTIF	FICATE	candidate
Name	:		
Age	:		
Date of Birth	:		
Date of Registr	ation:	L.D. No.:	
Father's Name	:		
Std.:	School Name:		
Physical & Neu	rologic Assessment (Date:)	
Psychologic As	sessment (Date:)	
WISC (R) Verba	al IQ :		
Performance IC	;		•••••
Global IQ	:		
Interpretation	:		•••••
Educational As	sessment (Date:) WRAT:	
		R:	
		S:	
		A:	
 The percentage of Challenged is not less than 40% and is equal to%. The disability is permanent in nature. 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. 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 /Direct Second Year of Degree course in B.Tech./ B.Pharm./ Pharm. D./ B.Tech (Integrated-Diploma & Degree)/M.Tech/ B.Des. / M.Des. / MBA for the academic year 20 20 Recommendations:			
Seal of the Office		(Name and Signature of Issuing	Authority)



Proforma - VI

(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)

Outward No.: Date:/20
CERTIFICATE
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
Place: Head of the Office Seal of the Office





Proforma - VII

(MIGRANTS STAYING IN REFUGEE CAMPS)		
Outward No.: Date:/20 CERTIFICATE		
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 /Direct Second		
Year of Degree Programme in First / Direct Second Year of Degree Programme in B.Tech./		
B.Pharm./ Pharm. D./ B.Tech (Integrated-Diploma & Degree)/M.Tech/ B.Des. / M.Des. / MBA		
for the academic year 20 20		
Place:		
Flace.		
Name & Signature of Head of the Office Migrant/Refugee Camp		
Seal of the Office		



Proforma - VIII (For refugees staying with relatives)

(DISPLACED JAMMU/ KASHMIR CANDIDATES STAYING WITH RELATIVES/ FRIENDS IN INDIA OTHER THAN MIGRANT/ REFUGEE CAMP)

OTHER THAN MIGRAN	T/ REFUGEE CAMP)
Outward No.:	Date:/ /20
CERTIFI	CATE
This is to certify that Mr./ Miss	is a displaced person
from Jammu & Kashmir after 1990 due to te	rorist activities in Jammu and Kashmir.
He/ She is staying with(Name and complete address of the Person with past years.	
This certificate is issued for the purpose of I Year of Degree Programme in First /Direc Engineering and Technology-B.Tech./ M.Tec D./ B.Des. / M.Des. / MBA for the academ	t Second Year of Degree Programme in h./ Integrated B.Tech./ B.Pharm./ Pharm.
Place:	
	Name & Signature of District Collector
Seal of the Office	



Proforma - IX (For refugees staying with relatives)

(Format of Certificate by the Employer/Management for Sponsored Candidates on the firms/organizations/Company Letter Head)

Outward No.:	Date:/ /20		
CERTIF	ICATE		
This is to certify that Shri./Smt	is		
working in this firm/ organization as a	since		
and he/she has completed year[s]	of service in our organization as an employee.		
He/she is permitted to study for the M.Tech. programme at Dr. Vishwanath Karad MIT-World			
Peace University, Pune, Bharat.			
If he/she is admitted to the said program/Univ	versity, he/she will be permitted to attend the		
Programme as a full-time student during the wo	orking hours of the University till completion of		
his/her program.			
Signature of Employer/Management	Seal of the farm/ organization/ Institute		



Proforma - X (हमीपत्र)

मी/ माझा पाल्य(विद्यार्थ्यांचे नाव) असे हमीपत्र देतो				
मी/ माझा पाल्य,(विद्यार्थ्यांचे नाव) असे हमीपत्र देतो की, आम्हाला डॉ. विश्वनाथ कराड एम.आय.टी. विश्वशांती विद्यापीठ, पुणे या विद्यापीठात राखीव प्रवर्गाच्या कोट्यातून				
प्रवेश मिळण्यासाठी जात/ जमात वैधता पडताळणी प्रमाणपत्राची, नॉन क्रिमेलीअर प्रमाणपात्राची (Caste/ Trible				
Validity Certificate, Non-Creamy Layer Certificate) आवश्यकता आहे, तथापि जात/ जमात वैधता				
पडताळणी प्रमाणपत्राची, नॉन क्रिमेलीअर प्रमाणपात्राची (Caste/ Trible Validity Certificate, Non-Creamy				
Layer Certificate) सध्या आमच्याक्डे उपलब्ध नाही, ते प्राप्त करण्यासाठी संबंधीत विभागाकडे अर्ज दाखल				
केलेला असून त्याची पावती सोबत जोडलेली आहे. जर मला/ माझ्या पाल्याला डॉ. विश्वनाथ कराड एमआयटी				
विश्वशांती विद्यापीठ, पुणे येथे प्रथम वर्ष/ थेट द्वितीय वर्ष या अभ्यासक्रमासाठी विद्यापीठाच्या प्रवेश				
प्रक्रियेमधून प्रवेश मिळाला तर जात/ जमात वैधता पडताळणी प्रमाणपत्र, नॉन क्रिमेलीअर प्रमाणपात्र (Caste/				
Trible Validity Certificate, Non-Creamy Layer Certificate) आम्ही, प्रवेश झालेल्या डॉ. विश्वनाथ कराड				
एमआयटी-विश्वशांती विद्यापीठ, पुणे यांचेकडे प्रवेश झाल्या पासून एक महिन्याच्या आत म्हणजेच दिनांक				
जात/ जमात वैधता पडताळणी प्रमाणपत्र, नॉन क्रिमेलीअर प्रमाणपात्र (Caste/ Trible Validity Certificate, Non-				
Creamy Layer Certificate), वर निर्देशीत केलेल्या मुदतीत मिळविण्याची सर्वस्वी जबाबदारी माझी असेल,				
विद्यापीठाची नव्हे.				
जात/ जमात वैधता पडताळणी प्रमाणपत्र, नॉन क्रिमेलीअर प्रमाणपात्र (Caste/ Trible Validity Certificate, Non- Creamy Layer Certificate), प्रवेश मिळालेल्या डॉ. विश्वनाथ कराड एमआयटी विश्वशांती विद्यापीठातील प्रवेश				
Greamy Layer Certificate), प्रवश मिळालल्या डा. विश्वनाय कराड एमजावटा विश्वशाता विद्यापाठाताल प्रवश विभागात दिनांक दिनांक किंवा येत्या ३० ऑगस्ट पूर्वी सादर न केल्यास				
किंवा माझे प्रमाणपत्र कोणत्याही कारणास्तव मिळण्यास उशीर झाल्यास पर्यायाने				
अभ्यासक्रमासाठी राखीव प्रवर्गाच्या				
कोट्यातून मिळालेला प्रवेश रद्दबातल झाल्यास त्याची जबाबदारी डॉ. विश्वनाथ कराड एमआयटी विश्वशांती विद्यापीठ,				
पुणे यांची नसून, सदर जबाबदारी सर्वस्वी आमची राहील.				
विद्यार्थ्याची स्वाक्षरी :				
विद्यार्थ्याचे नाव :				
जातीचा प्रवर्ग/ जातीचे नावः				
पालकाची स्वाक्षरी :				
पालकांचे नाव :				





Proforma - XI: Sponsorship letter format

Format of Certificate by the Employer/Management for Sponsored Candidates on the firms/ organizations/Company Letter Head

firms/ organizations/company Letter Head	
Ref. No.: Date: / /20	
TO WHOM SOEVER IT MAY CONCERN	
This is to certify that Shri . / Smt is worki	ng
in this firm/ organization as a sin	ce
and he/she has completed year[s] of service in our organization	as
an employee. He/she is permitted to study for the M.Tech programme at Dr Vishwana	th
Karad MIT-World Peace University, Pune.	
If he/she is admitted to the said program/University, he/she will be permitted to attend t	he
Programme as a full-time student during the working hours of the University till completion	of
his/her program.	
Signature of Employer/Management Seal of the farm/ organization/ Institute	



Format of undertaking for pending documents, and photocopies

I, Ms./ Mr	, S/o or	D/o
have a	applied for admission to First	Year/ Direct Second Year
in	and provisionally admitted	d under OPEN or General/
SC/ ST/ VJ-NT/ OBC/ SBC/ DSP/ J & K/ PH/	Other category to Dr. Vishwana	ath Karad MIT World Peace
University, Kothrud, Pune - 38.		
I/We undertake that the following original dopending for submission at the time of self-regises of days after declaration of result. It is necessional be completed by us within the stipular admission remains provisional and it will not be	stration process, and I/We will s essary that the process of fulfi ated time prescribed by the U	ubmit the same within the lling the eligibility criteria niversity until further my
I/We know and fully understand, agree to the provisional admission, If I/we fail to fulfill the stands cancelled, and the university will not be	e eligibility criteria, I/we know	_
1	2	
3	4	
5	6	
In case I/ We fail to submit the required pend deadline or if documents are found ineligible found incorrect at any stage; then the universi any other disciplinary action as deemed approphave no claim for refund of fee or other charter, Fee and other charges as already paid	or information provided herein ity reserves the right to cancel or priate without any notice to me arges already paid orwhatsoev	or in application form is our admission and can take e/ my ward and We shall
Signature of the Applicant with date	Signature	of Parent with date
Name:	Name:	
9	er guide, the candidate who d	oes not have any original