



## Karmaveer Bhaurao Patil University Proforma for Equivalence Verification

### (Proforma -A)

#### 1. Student Personal Information

1. Full Name of the Student : \_\_\_\_\_
2. Date of Birth : \_\_\_ / \_\_\_ / \_\_\_\_      3. Mobile Number : \_\_\_\_\_
4. E-mail ID : \_\_\_\_\_
5. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_

#### 2. Details of Previous University and College

1. Name of Previous University : \_\_\_\_\_
2. Name of Previous College : \_\_\_\_\_
3. Faculty / Stream : \_\_\_\_\_
4. Name of Programme : \_\_\_\_\_
5. Academic Year of Admission : \_\_\_\_\_
6. Completed Year / Semester : \_\_\_\_\_
7. PRN / Enrollment Number : \_\_\_\_\_
8. ABC ID / APPAR ID : \_\_\_\_\_

#### 3. Details for Admission in Karmaveer Bhaurao Patil University

1. Name of College Seeking Admission : \_\_\_\_\_
2. Name of Programme : \_\_\_\_\_
3. Class Seeking Admission :     Second Year             Third Year
4. Academic Year of Admission : \_\_\_\_\_

**4. Details of Courses Completed in Previous University** (As per the Marks Statement of the Previous University)

**Name of the Programme** : \_\_\_\_\_

**Name of the Previous University** : \_\_\_\_\_

**Name of the Previous College** : \_\_\_\_\_

Sr. No.	Semester	Course Title	Credits	Result (Pass/Fail)	Equivalent Course in KBP University
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

*Note: use separate sheet if it is required*

**5. Documents to be Attached**

- Mark Sheets of All Semesters
- Course Structure / Syllabus
- Copy of Aadhaar Card

- Transcript (if available)
- ABC ID (if applicable)
- Other : \_\_\_\_\_

## 6. Declaration by the Student

I hereby declare that the information furnished above is true and correct to the best of my knowledge. I have attached all the necessary documents required for equivalence verification. If any information is found incorrect, my admission may be cancelled.

I am applying to the University for granting equivalence to the courses that I have successfully completed in my previous college. I hereby agree to abide by the decision taken by the Equivalence Committee regarding the said courses. I further undertake that, in case there are any courses which I have not previously passed but are considered essential by this University, I shall independently prepare for and successfully complete such courses. The decision taken by the Equivalence Committee regarding equivalence shall be final and binding upon me.

Date : \_\_\_ / \_\_\_ / \_\_\_\_

Signature of the Student : \_\_\_\_\_

Place : \_\_\_\_\_

## 7. Forwarding Remark of the College Office

The application submitted by the student along with the necessary documents has been verified and found to be in order. The proposal is hereby forwarded for consideration and necessary approval.

Signature  
Clerk, University Section

Signature  
Office Superintendent

Signature  
Principal, Constituent College



**Karmaveer Bhaurao Patil University**  
**Report of the Head of the Department / Chairman Board of Studies**  
**Regarding Equivalence Verification**

**(Proforma -B)**

**1. Student Personal Information**

1. Full Name of the Student : \_\_\_\_\_
2. Name of Previous University : \_\_\_\_\_
3. Faculty / Stream : \_\_\_\_\_
4. Name of Programme : \_\_\_\_\_
5. Academic Year of Admission : \_\_\_\_\_ 6. Completed Year / Semester : \_\_\_\_\_
7. PRN / Enrollment Number : \_\_\_\_\_
8. ABC ID / APPAR ID : \_\_\_\_\_

**Report of the Head of the Department / Chairman Board of Studies**

1. The courses completed by the student have been verified.
2. Equivalence Status :  Approved  Partially Approved  Not Approved
3. Recommendation :
- He / She is Eligible for Second Year Admission
- He / She is Eligible for Third Year Admission
- Admission may be granted subject to completion of additional courses

Sr. No.	Semester	Course Title	Credits

- Admission should not be granted

4. Any Remarks / Conditions : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

After examining the courses completed by the applicant at the previous University/College and comparing them with the curriculum prescribed by Karmaveer Bhaurao Patil University, it is recommended that the student may be granted equivalence for the eligible courses and be considered for admission to (Name of the Programme \_\_\_\_\_ Name of the Major \_\_\_\_\_ Name of the Minor \_\_\_\_\_ in Semester \_\_\_\_\_ in Academic Year \_\_\_\_\_). Any deficiency courses, if applicable, shall be completed by the student as per the directions of the University.

Signature  
Head of the Department

Signature  
Chairman, Concern Board of Studies

On the recommendation of the Head of the Department / Chairman, Board of Studies, it is recommended that the student may be granted equivalence for the said Programme and be considered for admission to the said Programme in the concerned Semester for the Academic Year \_\_\_\_\_.

Signature  
Dean, Concern Faculty

Signature  
Director,  
Board of Examination and Evaluation

Chairman  
Equivalence Committee