

S.No.	Student Name	DOB (DD/MM/YYYY)	Father Name	Mother Name
1	Nilam Kale	19/05/1999	Ankush Kale	Sunita Kale
2	Hamnaz Shaikh	24/12/1999	Liyakar Shaikh	Yasmin Shaikh
3	Komal Gadade	27/06/1999	Changdev Gadade	Kantabai Gadade
4	Poonam Kangude	14/12/1999	Changdev Kangude	Pradnya Kangude
5	Vaishli Lakade	01/06/1990	Shivaji Lakade	Rajamati Lakade
6	Mahesh Mandage	21/05/1987	Appasaheb Mandage	Shanta Mandage

Tehsil	District	State	Pin Code
Karjat	Ahmednaga	Maharasht	414402
Karjat	Ahmednaga	Maharasht	414402
Karjat	Ahmednaga	Maharasht	414402
Karjat	Ahmednaga	Maharasht	414402
Karjat	Ahmednaga	Maharasht	414402
Karjat	Ahmednaga	Maharasht	414402

Please fill the information in e

SNO FIELD

- 1 S. No.
- 2 Student Name
- 3 DOB
- 4 Father Name
- 5 Mother Name
- 6 Gender
- 7 Caste
- 8 Minority Status
- 9 Person With Disability
- 10 Parent Annual Income (In Rs.)
- 11 Email Id
- 12 Mobile No.
- 13 Aadhaar No.
- 14 Village
- 15 City
- 16 Tehsil
- 17 District
- 18 State
- 19 Pin Code

excel sheet as given in below instructions:

SUGGESTION TO FILL THE SHEET

Serial No. should be **numeric** in **increasing order**

Student Name should be in **alphabet** and length should be **between 2 to 100 char**

Student Date of Birth should in **dd/mm/yyyy** format i.e. **15/10/1993**

Father's Name should be in **alphabet** and length should be **between 2 to 100 char**

Mother's Name should be in **alphabets** and length should be **between 2 to 100 char**

Select **Gender** From **Dropdown List**. i.e. **Male , Female, Other**

Select **Caste** From **Dropdown List**. i.e. **General, ST, SC, OBC**

Select **Minority Status** From **Dropdown List**. i.e. **NA, Yes, No**

Select **Person With Disability** From **Dropdown List**. i.e. **NA, Visual Impairment, Hearing Impairment, Locomote**

Parent **Annual Income** should be **numeric**

Enter Valid **Email Id**

Enter Valid **Mobile Number** in **numric** format with **10 char** i.e. **XXXXXXXXXX**

Enter Valid Valid **Aadhaar Number** in **numric** format with **12 char** i.e. **XXXXXXXXXXXX**

Enter **Village** name in **alphabet** and length should be **between 2 to 50 char**

Enter **City** name in **alphabet** and length should be **between 2 to 50 char**

Enter **Tehsil** name in **alphabet** and length should be **between 2 to 50 char**

Enter **District** name in **alphabet** and length should be **between 2 to 50 char**

Select **State** From **Dropdown List**

Enter Valid **Pin Code** with **numeric values**

er Disability, Dylexic, Spastic, Autistic

Gender

Male

Female

Other

Caste

General

SC

ST

OBC

MinoritySection

NA

Yes

No

PersonWithDisability

NA

Visual Impairment

Hearing Impairment

Locomotor Disability

Dylexic

Spastic

Autistic

STATE

ANDAMAN & NICOBAR
ANDHRA PRADESH
ARUNACHAL PRADESH
ASSAM
BIHAR
CHANDIGARH
CHATTISGARH
DADAR & NAGAR HAVELI
DAMAN & DIU
DELHI
GOA
GUJARAT
HARYANA
HIMACHAL PRADESH
JAMMU & KASHMIR
JHARKHAND
KARNATAKA
KERALA
LAKSHADWEEP
MADHYA PRADESH
MAHARASHTRA
MANIPUR
MEGHALAYA
MIZORAM
NAGALAND
ODISHA
PUDUCHERRY
PUNJAB
RAJASTHAN
SIKKIM
TAMILNADU
TELANGANA
TRIPURA
UTTAR PRADESH
UTTARAKHAND
WEST BENGAL