

Loknete Ma. Harmantrao Padi Charitable Trust's  
**Adarsh Institute of Technology & Research Centre**  
(An Autonomous Institute)

Affiliated to Dr. Babasaheb Ambedkar Technological University, Lonare & Maharashtra State Board of Technical Education, Mumbai  
Approved by AICTE, New Delhi, Directorate of Technical Education, Maharashtra  
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No. **37**

**Original Document Submission Receipt**

Date : **23/09/25**

This is to acknowledge that the following original documents have been submitted by  
Student Name : **Yewale. Pawan Ravindra.** Course : **BT B.Tech (SEEC)**  
Branch : **CSE / AIML** Academic Year : **2025-26**  
Contact No. **952945287 / 963735313** E-mail **pawanyewale57@gmail.com**

**List of Submitted Original Documents (Tick as applicable)**

| Sr. No. | Document Description                     | Submitted (✓)                       |
|---------|------------------------------------------|-------------------------------------|
| 1       | SSC (10th) Mark sheet                    | <input checked="" type="checkbox"/> |
| 2       | HSC (12th) Mark sheet/Diploma Mark sheet | <input checked="" type="checkbox"/> |
| 3       | Leaving/Transfer Certificate             | <input checked="" type="checkbox"/> |
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| 7       | Caste Certificate                        | <input checked="" type="checkbox"/> |
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| 9       | Non Creamy Layer Certificate             | <input checked="" type="checkbox"/> |
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| 15      | FC Receipt Cum Acknowledgment Print      | <input type="checkbox"/>            |

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2. Documents will be returned only to the student or an authorized person with a valid authorization letter and ID proof.
3. The institute is not responsible for any loss or damage to documents due to unforeseen circumstances, though all care will be taken.
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**Declaration**

I **Yewale P. R.** hereby confirm that I have submitted the above-mentioned original documents to the Adarsh Institute of Technology & Research Centre, Vita, for admission purposes. I understand that I must present this receipt to retrieve my documents.

Date: [DD/MM/YYYY]

**Student Signature**

**Received by (Clerk / Admin Officer)**