



GOVERNMENT OF MAHARASHTRA
STATE COMMON ENTRANCE TEST CELL, MAHARASHTRA STATE, MUMBAI

8th Floor, New Excelsior Building, A.K. Nayak Road, Fort, Mumbai 400 001

Tele. No. - 022-22016157/53/59

Website -www.mahacet.org

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To,
The Hon'ble Commissioner
& Competent Authority
State Common Entrance Test Cell
A.K. Nayak Marg, Fort
Mumbai - 400 001

Affix recent
Photo of
Candidate

Subject: Request for appearing MAH.B.BBA/BCA/BMS/BBM/MBA (Integrated)/MCA (Integrated) CET 2025

Unconditional Undertaking

My details Mentioned in the Hall Ticket are as under -

1. Name of the Candidate :
2. Date of Birth :
3. Application No. :
4. Roll Number :
5. Name of the CET :
6. Exam Center Details :

It is clearly understood by me that (i) Name* (ii) Photo* (iii) Signature (iv) Date of Birth (v) Gender (Correct/ Incorrect) Printed on the Hall Ticket & application form is filled wrongly by me. I understand that CET CELL is permitting me to appear for the above examination by verifying my self-certified copy which is enclosed to the undertaking.

Incorrect Information filled in by the Candidate :

Correct Information of the Candidate :

Do not send this copy by post. Submit original copy with self-certified attachment at the Center of CET Examination.
Candidate to keep one copy of Undertaking with him/her.

I am aware that, in case, the information so given is found to be incorrect or documents shown and submitted found to be false, I will be fully responsible. My examination result will be declared only after obtaining the report of the representative of Agency conducting CET and Venue officer regarding my candidature. The final decision will be taken by State CET Cell, which will be binding on me. I solemnly affirm that I will abide by the decision of State CET Cell, Mumbai.

***Strike off Not Applicable**

***Attach self certified Relevant Document**

The Information stated above is correct to the best my knowledge and belief.

Date : ____ / ____ /2025.

Place : _____

.....
Signature of Parent/ Guardian

.....
Signature of Candidate

.....
Signature of the Center In charge

.....
Signature of the Authorised officer of the
Agency conducting CET 2025 with full name.
.....

.....
Countersigned by the Venue Officer

.....
Name of Venue Officer

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Candidate to keep one copy of Undertaking with him/her.**