

## ADMISSION FORM FOR DOCTORAL PROGRAMME SESSION 2018-19



# योजना एवं वास्तुकला विद्यालय, भोपाल

(राष्ट्रीय महत्व का संस्थान, मानव संसाधन विकास मंत्रालय, भारत सरकार)

## SCHOOL OF PLANNING AND ARCHITECTURE, BHOPAL

(An Institution of National Importance, Ministry of HRD, Government of India)

Name of the Programme: _____		Affix self attested Passport size photograph
1. Name of Student (in block letters) : _____		
2. Name of student (in Hindi) : _____		
3. Father's name : _____		
4. Mother's name : _____		
5. Nationality : _____ 6. Caste: _____ 7. Religion: _____		
8. Category: GEN / SC/ ST / OBC-NCL : _____ 9. Male/ Female: _____		
10. Date of Birth: _____ 11. PH/PWD(Physically Handicapped/ Person with Disabled) : YES/ NO		
12. Correspondence Address with Pin code : _____		
_____		
13. Permanent Address with Pin code : _____		
_____		
14. Contact Number : _____ 15. Parents Contact Number: _____		
16. E-mail I.D.: _____ 17. Parents E-mail I.D.: _____		
18. Marital Status: _____		
19. Occupation of Father: _____ 20. Annual Income of Father: _____		
21. Occupation of Mother: _____ 22. Annual Income of Mother: _____		
23. Name of Local Guardian (if Any):		
Relationship _____		
Address _____		
_____		
_____		
Phone No. _____ (o) _____ (R) _____		
Email _____		

24. Academic Career: (Matriculation onwards):

Name of Exam	CGPA/ % of Marks	Full time / Part time	Year of passing	Name of institution/University

25. GATE Score : \_\_\_\_\_ Rank: \_\_\_\_\_ Passing Year: \_\_\_\_\_ Valid up to : \_\_\_\_\_

26. Whether UGC NET qualified (validity during academic year 2018) (YES/NO).....

27. Extra curricular activities (if any) \_\_\_\_\_

28. Work Experience

Department	Year	Nature of responsibility/ designation

**Fee Details of Online State Bank Collect**

29. Online receipt details : Ref. No.: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

**Declaration**

I hereby declare that the above information are correct. If I am found guilty of furnishing wrong information, I am liable to be disqualified for admission.

I promise to abide by the rules and regulation, statues, ordinance of the institute and any changes incorporated there in from time to time and to maintain discipline of the Institute.

Place.....

Date ...../...../.....

Signature of the Applicant.....