

**ADMISSION FORM FOR MASTER DEGREE PROGRAMME SESSION 2016-17**

Last date for receipt of ADMISSION FORM 04.07.2016



**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)

Affix self attested  
passport size photograph

Please read the instructions carefully before filling this form

Name of the Programme:

1.a. Name of candidate in block letters (English) :

1.b. Name of candidate in (Hindi) :

2. Father's name :

3. Mother's name :

4. Nationality :

5. Religion :

6. Category: GEN / SC/ ST / OBC/ SPONS

7. Sex : Male /Female

8. PH/PWD(Physically Handicapped/ Person with Disabled) : YES/ NO

9 a. Address for Communication:

9 b. Permanent Address:







District: State:

District: State:

Pin :

Pin :

Phone:

Phone:

Mobile:

Mobile:

Email:

Email:

10. Date of Birth

DD

MM

Year

11. Marital Status:

Married / Unmarried

12. Occupation of Father /Guardian/Husband:

13. Annual Income of Father/ Guardian Rs.:

14. Academic Career: (Matriculation onwards)

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

15. GATE Score  Rank  c) Year  d) Valid up to:

16. Whether UGC NET qualified (validity during academic year 2016) (Y/N).....

(Attach self attested copy of your GATE/ UGC NET score card)

Fee details online State Bank Collect

17. (A) Online receipt details : Ref. No.: \_\_\_\_\_ Date: \_\_\_\_\_

18. Name of Local Guardian (if Any):

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ (o) \_\_\_\_\_ (R) \_\_\_\_\_

Email \_\_\_\_\_

Declaration

I declare that the information given on the above pages is correct, if I am found guilty of giving 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.....

Sponsorship Certificate (Only for the sponsored candidates.)

This is to certify that: Mr./Ms ..... is employed in this organization on full time basis from..... till date in the post of .....in ..... Department and,

1. He / She will be sanctioned leave for the required period as per P.G. Program regulations to carry out P.G. Program. Studies in SPA, Bhopal.
2. He/ She will be paid full salary and allowances during this period.
3. He/ She will be re-employed in this organization on completion of the P.G. Program for a minimum period of..... years.

Place.....

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

Signature of the sponsoring authority with seal

List of documents (attached):

1. Final year passed out marksheet
2. Migration certificate
3. Caste certificate (if any)
4. Proof of percentage/CGPA from institute (for 2016 batch passed out students)