

APPLICATION FORM FOR MASTER OF ARCHITECTURE DEGREE PROGRAMME – JULY 2015
(LANDSCAPE)

Application No.:



School of Planning and Architecture, Bhopal

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

Neelbad Road, Bhauri, Bhopal MP-462030

Roll No. :

Phone: 0755-2902605,9755590393 E mail: admission@spabhopal.ac.in

Affix self attested
passport size
photograph

Please read the instructions carefully before filling the form.

Last date for receipt of application form is 22nd May 2015

Name of the Programme MASTER OF ARCHITECTURE (LANDSCAPE)	Details of application fees – Kindly see the instructions Enclose DD in Favour of “Director SPA Bhopal”, payable at Bhopal. Amount : _____ Date: _____ Demand Draft No: _____ Bank Name : _____
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1. Candidate's Name in block letters:

2. Father's Name :

Mother's Name:

3 a. Address for communication:

3 b. Permanent Address:

4. Nationality: _____

5. Category : _____

(Gen/SC/ST/OBC/Spons)

PWD: _____ YES/ NO

District:

District:

6. Sex M/F :

State:

State:

7. Date of Birth:

Pin:

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Pin:

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D	D	M	M	Y	E	A	R

Phone:

Phone:

Mobile:

Mobile:

8. E-mail I.D.:

9. Academic Career: (Matriculation onwards) Write aggregate %marks/CGPA of qualifying degree (Attach Self attested copy of Marksheets & Certificates)

Name of Exam	% of Marks	Year of passing	Board/ University
i) 10 th			
ii) 12 th			
iii) B.Arch./B.Plan. (√ which is applicable)			
iv)			
v)			

10. GATE a)Score

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b) Rank

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c) Year

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d) Subject:.....

11. Whether UGC NET/GATE qualified (validity during academic year 2014-15) (Yes/No).....
(Attached Self attested copy of your GATE/UGC NET score card)

12. Particulars of Scholarships, Prizes, Awards, etc. Awarded (Please use additional sheet ,if necessary)

13. Mention below if you have affiliation/ membership of any Professional Bodies / Organizations.			
14. Work Experience:			
Organization	Nature of Responsibility	Duration	
		from	to
1.			
2.			
3.			
4.			
15. If time beyond Bachelors Degree is not fully accounted for, by education/ work experience, please give the reasons for the same:			
16. Publications: (if any):			
17. Give the name, designation and address with phone no. of two referees (not related to you) who are familiar with your academic background and work enclose a recommendation letter from one of them.			
Referee 1.		Referee 2.	
18. Why do you wish to pursue a Master Degree program in Architecture? (Statement of purpose for specific programme applying) (Write/ type reasons in more than 200 words. Write on a separate sheet and attach it to the form.)			
Declaration			
I declare that to the best of my knowledge, the information furnished above is correct. If selected for admission, I promise to abide by the rules and regulations of the School. I fulfil the eligibility requirements and if at any time the information provided by me is found to be incorrect, my admission may be cancelled.			
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 ofin Department and,			
1. He / She will be sanctioned leave for the required period as per Master program regulations to carry out Masters studies in SPA, Bhopal.			
2. He/ She will be paid full salary and allowances during this period. (Yes/No)			
3. He/ she will be re-employed in this organization on completion of the Master programme for a minimum period of years.			
Place.....			
Date...../...../.....		Signature of the Sponsoring Authority with seal	
		Office Seal (By Head of the institute/organization or Competent Authority)	
For office use only			
Application No. Received on DD attached : Yes /No			
Signature			