

ADMISSION FORM FOR MASTER DEGREE PROGRAMME SESSION 2019-20



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/EWS : _____ 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. Aadhar Number: _____	
20. Occupation of Father: _____ 21. Annual Family Incomer: _____	
22. Occupation 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 2019) (YES/NO).....

27. Extra curricular activities (if any) _____

Fee Details of Online State Bank Collect

28. 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.....

SCHOOL OF PLANNING AND ARCHITECTURE, BHOPAL

ADMISSION SLIP

Passport size
Photograph of
the applicant

Date: _____

Mr./MS. _____

Son/Daughter of Shri _____

Is admitted to _____ Semester M.Arch./M.Plan./M.Des. of _____

Allotted Sch. No. _____ Academic Session: _____

Fees Deposited Receipt No. _____ Dated _____ for Rs. _____

**Assistant Registrar
(Academics)**

SCHOOL OF PLANNING AND ARCHITECTURE, BHOPAL

ADMISSION SLIP

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Photograph of
the applicant

Date: _____

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**Assistant Registrar
(Academics)**