APPLICATION NO.  
(To be filled up by FET, JU)  

JADAVPUR UNIVERSITY  
KOLKATA – 700032  
FACULTY COUNCIL OF ENGINEERING & TECHNOLOGY  
APPLICATION FORM  
MASTER DEGREE ADMISSION TO THE ENGINEERING/TECHNOLOGY/ARCHITECTURE/PHARMACY COURSES FOR INDIAN NATIONAL  
(FOR THE SESSION 2012-2013)  

Please tick one box which is applicable  
GATE □ / Sponsored □ / Self-Sponsored □  

Please tick which is applicable  
SC# □ ST# □ Minority □ PD □  

MALE □ FEMALE □  

Please fill up details of fees paid:  
Branch Code No. ________________________ Deposit Journal No. _____________________  

To,  
The Registrar  
Jadavpur University  
Kolkata – 700032.  

Sir,  
I wish to apply for admission to the First Year of M.E./M.Tech./M.Arch./M.Pharm Course in the following fields of specialization (mentioned in order of preference).  

I declare that all statements made in the application are true to the best of my knowledge. Any statement made in the application form, if found incorrect on scrutiny, will render the application liable to rejection and admission, if granted on the basis of that statement will stand cancelled.  

I also pledge that I will ever strive to be true to the noble ideals of the National Council of Education, Bengal, from which Jadavpur University has originated.  

If admitted, I undertake to abide by all the Rules and Regulations of the University as at the time of my admission or as may be altered from time to time.  

Yours sincerely,  

Applicant’s Signature in full  

Name of the Course in which Admission is sought*  
For courses having more than one specialisations write in order of your preference  

-------------------------------------------------------------  1.  
*If applying for more than one course please mention other two course/s:  
1)-------------------------------------------------------------  4.  
2)-------------------------------------------------------------  5.  

*A candidate can apply to not more than 3 (three) courses. Use separate Application Form for separate course/s. Deposit fees for each course in separate Bank Pay-in-slip  

# Scheduled Caste/ Scheduled Tribe Persons of the State other than West Bengal are not entitled to get benefits of the State for SC/ST reservation in Educational Institutions in West Bengal as government order.
1. Name in Full (in block letters):

   Last Name/Surname  First Name  Middle Name

2. Father’s/Mother’s/Husband’s/Guardian’s Name:

   Last Name/Surname  First Name  Middle Name

3. Permanent Address:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   E-mail: ___________________________  Telephone No. ___________________________

   Mobile No. ___________________________

4. Address for correspondence:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   E-mail: ___________________________  Telephone No. ___________________________

   Mobile No. ___________________________


8. Family’s annual Income: Rs. ______ (Attach necessary attested Certificates)

9. Occupation of the Guardian: __________

10. Whether SC / ST / PD (Attach necessary attested Certificates)

11. Records of complete Academic Qualifications up to the day of application (commencing with Secondary or equivalent, Attach attested copies of all relevant documents):

<table>
<thead>
<tr>
<th>Name of the School / College</th>
<th>Name of the Examination</th>
<th>Name of the Board / University</th>
<th>Subjects taken</th>
<th>Passed / appeared in the year</th>
<th>% of marks obtained / average of all the semester grade point</th>
<th>Division / Class obtained</th>
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GATE/GPAT Subject (If GATE/GPAT qualified) Year of GATE/GPAT Examination ____________

Marks obtained out of 100 : ............ All India Rank:............... GATE/GPAT SCORE OUT OF 1000:..............

(Attach attested copy of the Valid GATE Score Card)

12. Experience: (Industrial and/or Teaching/Research, Use separate sheet if necessary. This should be authenticated with proper documents):

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<th>Name of the Firm/Institution</th>
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Total no. of years of experience: ..........................................

Attested by the competent Authority (with Seal)

14. If the applicant is sponsored by any organization, the following certificate shall be signed by the sponsoring authority:

Shri/Smt. ................................................................. is a regular employee of our organisation and is being sponsored to study M.E./M.Tech./M.Arch./M.Pharm in Jadavpur University. Necessary Leave will be granted to him/her to complete his/her study. (Please provide certificate also in the Organisation Stationary)

Date of appointment ____________________, Salary drawn (at Present) ____________________

___________________________________
Signature of the competent authority

(Seal of the Organisation) FULL NAME

Designation ____________________________

15. Appeared/to be Appeared/Pass out at the Final year Semester Examination:

I certify that sri/smt .......................................................... have appeared/to be appeared/passed out at the final year examination from ................... to .................. in the year ................... with the course of study ..................................................(name of the course) which is approved by AICTE/UGC-AICTE-DEC JOINT COMMITTEE for the session ......................

Signature of the Registrar/Principal of the Institution with seal and date
For Office use only

Interviewed on ........................................................................................................
.................................................................................................................. selected / waiting list / not selected.

Signature of Head of Dept / Director of School with Seal

Sri / Smt._________________________________________________________ Form No. _____________ admitted to the First year

First semester of M.E / M.Tech. / M.Arch. / M.Pharm course offered by the Department / School of ______________________________ for

the course of ______________________________ for the session 2010-2011.

.............................................. ..............................................
Dean, Faculty of Engineering & Technology Principle Secretary Faculty Council of Engg.

Cash Section : Muster Roll Section :

Amount Received Rs......................... Roll Number..............................................of............

Receipt No................................. Department.......................................................:

.............................................. Admitted on..............................................................

.............................................. ..............................................
Signature Signature

..............................................
Signature of the Registrar
ACKNOWLEDGEMENT (To be filled in by the Candidate):

Received from Sri / Smt. ............................................................ of ............................................................ of
an application for Admission to the PG Engg (ME,
M Tech) / Architecture / Pharmacy course of............................................................ in the Department / School
of............................................................

Signature & Seal                                              Date:

For Faculty of Engineering & Technology Office

NB: Outstation Candidates who will be sending the application by post should note that the University will not be sending back this receipt copy.