Punjab Technical University, Jalandhar (eLearning Programme)

Application Form for Admission Session - June-September 2012
ALL FIELDS ARE COMPULSORY (USE BLACK/ BLUE BALL PEN ONLY)

Application No. 12 4

(This Section to be filled by Facilitation Centre only)

Date of Birth (as per matriculation Certificate)

D D M M Y Y Y Y

FC Code

Course (Without Space,-,LE)

A A A A A A E E T
B B C B C B J G
D C D C D C L T
M D F F F G M
P F H H H H T
G I I I L
H J J J M
I M M L T
M O N M
O S S N
R T T P
S S
T

In case of Lateral Entry to MBA/MCA Fill up Specialization Paper ID

Paper ID-1	Paper ID-1	Paper ID-1
A 1 1 1 1	A 1 1 1 1	A 1 1 1 1
A 2 2 2 2	A 2 2 2 2	A 2 2 2 2
A 3 3 3 3	A 3 3 3 3	A 3 3 3 3
D 4 4 4 4	D 4 4 4 4	D 4 4 4 4
E 5 5 5 5	E 5 5 5 5	E 5 5 5 5
F 6 6 6 6	F 6 6 6 6	F 6 6 6 6
G 7 7 7 7	G 7 7 7 7	G 7 7 7 7
H 8 8 8 6	H 8 8 6 8	H 6 6 8 8
I 9 9 9 9	I 9 9 9 9	I 9 9 9 9
J 0 0 0 0	J 0 0 0 0	J 0 0 0 0

Application No.

1 1 1 1 1 1 1
2 2 2 2 2 2 2
3 3 3 3 3 3 3
4 4 4 4 4 4 4
5 5 5 5 5 5 5
6 6 6 6 6 6 6
7 7 7 7 7 7 7
8 8 8 8 8 8 8
9 9 9 9 9 9 9
0 0 0 0 0 0 0

Category

- General
- SC-Scheduled Caste
- ST-Scheduled Tribe
- OB-Backward
- HA-Handicapped
- Others

Semester

1
3
5

Lateral Entry: Yes / No

Married: Yes / No

Gender: Male / Female

Job Status

- Employed
- Unemployed
- Self Employed

Title (Mr./Mrs./Ms. etc.)

Applicant Name (must be as per Matriculation Certificate)
Leave one space between First Name, Middle Name and Last Name

Title (Mr./Dr./Sh./S. etc.)

Father Name (must be as per Matriculation Certificate of applicant)
Leave one space between First Name, Middle Name and Last Name

(FILL IN BLOCK LETTER ONLY)

1. Nationality (INDIAN/ OTHERS): _____
   In case of others please attach copy of the passport)
2. Postal Address: _____
   _____
   City: _____ Pin: _____
   State: _____
3. Phone (Resi.): _____
4. (Mob.): _____
5. E-mail: _____

Affix
Colour Photograph

Trim Photograph
To Fit in The Box

Do Not Attest/ Staple/ Pin

Applicant's Signature
(within the above box)

6. Educational Qualification (Attach Attested Photocopy of Marks Sheet):

Exam Passed	University/ Board	Year of Passing	Marks Obtained/ Max. Marks	% age of Marks
10th				
10+2				
Graduation				
Post Graduation				
Others				

7. Particulas of the Programme Fee & Exam Fee paid:

Dds	Amount	DD No.	DD Date	Bank
DD-1				
DD-2				
DD-3				
Total Amt.		Total Dds ( )		(ON THE REVERSE SIDE OF THE DRAFT, WRITE DETAILS AS NAME, FATHER'S/ GUARDIAN'S NAME, ADDRESS & PHONE NO., COURSE NAME, SEMESTER, FC NAME & CODE)

DECLARATION BY APPLICANT

I _____ S/D/o _____ am seeking admission to _____ course on provisional basis subject to confirmation by University. I hereby agree that in case I am not able to fulfill the eligibility, criteria before stipulated time as per norms, my candidature for the said course would stand cancelled and I shall not be entitled to refund of any fee paid by me. The university reserves the right not to declare result of my semester examination untill I submit my certificate of clearance of eligibility in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable to be cancelled by the university at any time and I shall not be entitled to refund of any fee paid by me. I hereby confirm that I have read and agree to detail terms and conditions mentioned on prospectus.

DDMMYYYY

Date: [ ][ ][ ][ ][ ][ ][ ][ ]

Place [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Signature of the applicant must be within the box

DECLARATION BY FACILITATION CENTRE (TO BE FILLED BY FC ONLY)

ELIGIBILITY STATUS

1.Eligibility Checked By FC (Y/N) [ ]

2.Eligibility Checked Passed (Y/N) [ ]

3. If No, Whether Reappear (Y/N) [ ]

4. Whether Result Awaited (Y/N) [ ]

CHECK LIST OF ATTESTED PHOTOCOPIES OF CERTIFICATES & ENCLOSURES ATTACHED:

Matriculation/ 10th Certificate (Y/N): [ ] **10+2 Certificate (Y/N):** [ ] **Diploma (Y/N):** [ ]

PG Diploma (Y/N): [ ] **Graduation (Y/N):** [ ] **Post Graduation (Y/N):** [ ]

Photos Attached (Y/N): [ ] **(As Per Guidelines)** **Other (Please Specify):** ➤ [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

It is hereby certified that the particulars given in this application form have been verified by us and found correct as per certificates enclosed. The name of student, father's name, date of birth & other details have been found matching with the matriculation & other certificates.

DDMMYYYY

Date: [ ][ ][ ][ ][ ][ ][ ][ ]

Seal & Signature Must Be Within The Box

(Signature of Facilitation Centre Director/ Incharge with Seal)

FOR REGIONAL SERVICE PROVIDER USE ONLY (NOT TO BE FILLED BY STUDENT)

ROLL NUMBER: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] LEDGER FOLIO NUMBER OF REGIONAL SERVICE PROVIDER: [ ][ ][ ][ ]