


SREE NARAYANA GURUKULAM COLLEGE OF ENGINEERING

(An ISO 9001 : 2008 Certified Institution)

 Approved by AICTE and affiliated to APJ Abdul Kalam Technological University
 Kadayiruppu P.O., Kolenchery, Emakulam, Kerala, Pin-682311

Ph : 0484 2597800 (30 lines), Fax 0484 2762541

Website : www.sngce.ac.in, Email : info@sngce.ac.in

 Paste your
 passport size
 photograph here

 Do not
 attest/staple
Application No.
APPLICATION FORM FOR M.TECH. ADMISSION 2018-19

(Fill in the blanks in block letters or put tick (v) wherever applicable)

1. Name (Capital Letters) 2. Aadhar No. 3. Date of Birth and
Age as on 31-12-2014

D	D	M	M	Y	Y	AGE	Male	Female
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	4. Sex	<input type="text"/>

5. Place of Birth

Place Dist. State 6. Nationality 7. Religion Caste 8. Whether belongs to
SC/ST/OEC/OBC (if so attach certificate)

SC	ST	OEC	OBC	Others
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. (a) Name of Father (b) Occupation 10. (a) Name of Spouse (b) Occupation

11. Address for Communication (Capital Letters)

PIN Telephone No. (with STD code)

12. Permanent Residential Address

PIN Telephone No. (with STD code)

13. Mobile No.

Student Parent

14. E-mail

Student Parent 15. Family Income

16. Name of Qualifying Exam passed	Year of passing	Reg. No
<input type="text"/>	<input type="text"/>	<input type="text"/>

17. Class obtained	Aggregate % of marks obtained in qualifying Examination
<input type="text"/>	<input type="text"/>

18. Name and address of the College last attended	19. University last attended
<input type="text"/>	<input type="text"/>

20. GATE Percentile	<input type="text"/>	Year	<input type="text"/>	21. DTE Rank	<input type="text"/>
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22. Eligibility Certificate Produced Yes No NA (If the candidate passed the degree course from any University outside Kerala)

23. Work Experience

Sl. No	Period		Designation	Nature of works	Name of the Organisation
	From	To			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attach separate sheet if needed

24. Specialisation of branch to which admission is sought

First Preference

Second Preference

Third Preference

25. Details of fee paid

Amount	<input type="text"/>	D D No. / Receipt No.	<input type="text"/>
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26. Sponsorship Organisation, if applicable

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(A separate sponsorship certificate is to be enclosed)

I declare that the statements given above are true.

Signature of the Applicant

Place :

Date :

FOR OFFICE USE ONLY

Admission No.	<input type="text"/>	SNGCE Rank	<input type="text"/>
Admitted to	<input type="text"/>	Date	<input type="text"/>
Amount Rs.	<input type="text"/>	PRINCIPAL	<input type="text"/>
Receipt No.	<input type="text"/>		