

#### Bharatiya Vidya Bhavan's

# Sardar Patel College of Engineering



(Govt. Aided Autonomous Institute under University of Mumbai)

Date: 10-05-2019

### **ADMISSION NOTICE 2019-20**

# Admission to the First Year Ph. D. Program in Civil / Mechanical / Electrical Engineering

Applications are invited for admission to the Ph. D. Program in Civil/ Mechanical /Electrical Engineering for the academic year 2019-20. Application form and information brochure can be downloaded from website <a href="www.spce.ac.in">www.spce.ac.in</a>. Application duly filled in along with the prescribed application fee should be submitted on or before 28-06-2019.

The Interview for admission to the Ph. D. Program in Civil / Mechanical / Electrical Engineering will be held on 23-07-2019 in the Committee Room No. 2 at 10.00 a.m.

PRINCIPAL

Note :- Any correspondence with reference to application form and admission procedure on email will not be entertained.

#### APPLICATION/REGISTRATION FORM



1. Name in full:

### Bharatiya Vidya Bhavan's

## SARDAR PATEL COLLEGE OF ENGINEERING





# APPLICATION FOR ADMISSION TO Ph. D IN CIVIL/MECHNICAL/ELECTRICAL ENGINEERING

.....

(in CAPITAL letters) Surname First name

Attach your recent passport size photo here

Middle Name

2.	Date of Birth	ı:	Age:					
3.	Residential A	Address:						
			Distri	ct:				
	State:	Coun	ntry:	Pin:				
4.	Office Addre	ess:				********		
		:t:						
State: Pin:								
5. Contact No.: (R)								
6.	6. Email Address:  7. Whether belonging to Reserve Category (Yes/No)(SC/ST/NT/DT/OBC)							
7.								
	Attach Caste Certificate if from reserve category							
8.	8. Details of Examination passed:							
Exa	am Passed	Name of University/College	Year of Admission	Year of Passing	Percentage Marks	Remark		
				¥				
	6							
			7					
			-					

	9. <b>P</b>	PET Admission card reference number:					
	10. V	Whether PET qualified (Yes/No):					
	11. 1						
	12. Whether GATE qualified (Yes/No):						
		If yes, month & year of passing: Score					
	14. <b>F</b>	Proposed area of Research:					
		TOWNS ASSESSMENT OF THE CONTROL OF T					
	15. N	15. Name of Research Supervisor identified if any:					
	16. <b>F</b>	Research Publications (Attach the copy):					
		Checklist (Please tick mark appropriately) List of copy of documents attached					
	i.	Admission Form Fees Receipt					
	ii.	Date of Birth Proof-SSC Certificate					
	iii.	Domicile Certificate					
	iv.	HSC Certificate					
	٧.	Degree Marksheet					
	vi.	Degree Certificate					
	vii.	Post Graduate Marksheet					
	viii.	Post Graduate Certificate					
	ix.	Caste Certificate					
	Χ.	Caste Validity Certificate					
	xi.	PET Score Card					
	xii.	GATE Score Card					
	xiii.	Experience Certificate					
17		hereby declare that the above said information is true and correct	ct to the best of my				
KI	iowied	dge and belief.					
		A S S					
De	te.	S .	Signature of Candidate				

For Office use only