



योजना तथा वास्तुकला विद्यालय, नई दिल्ली
SCHOOL OF PLANNING AND ARCHITECTURE, New Delhi
संसद के अधिनियम के तहत "राष्ट्रीय महत्व का संस्थान"
An "Institution of National Importance" under an Act of Parliament
4, ब्लॉक बी, इंद्रप्रस्थ एस्टेट, नई दिल्ली – 110002
4, Block-B, I P Estate, New Delhi-110002

A. APPLICATION FORM FOR ADMISSION
TO MASTER'S COURSES IN SPA , NEW DELHI IN RESPONSE
TO PG ADMISSION 2025-26
(FOR SPONSORED CANDIDATES)

PHOTO

B. A candidate can apply only in one Course . Application fee to be paid Rs.3000/-.

Name of the Course applied for:.....

C. Details of Payment:

Transaction ID:- Dated:-

N.B. (i) Information in respect of all examinations passed from the first year / semester degree course onwards to be recorded.
(ii) All entries must be supported by attested copies of certificates / mark sheets.

Name of the College/ University	Examination	Year of Passing	Class/ Division	Marks Obtained	Maximum Marks	% age of Marks Obtained

8. (a) Have you qualified GATE	Yes	<input type="text"/>	No	<input type="text"/>
CEED	Yes	<input type="text"/>	No	<input type="text"/>
UGC NET	Yes	<input type="text"/>	No	<input type="text"/>

If yes : GATE Examination Registration No....., Year.....

CEED Examination Registration No....., Year.....
CEED Examination Registration No....., Year.....
UGC Net Examination Registration No....., Year.....

(b) Score obtained in GATE (Out of 1000).....
 Score obtained in CEED (Out of 100).....
 Score obtained in UGC Net (Out of 100).....

9. Details of Professional work and Experience during services

(Do not include Summer Training, Educational Training/ Course)

Sl.No.	Name of Organization	Post Held	Description and Type of Work	Period

PERSONAL RECORD

1. Name of Candidate (In English)
(in BLOCK letters)
2. Gender Male ☐ Female ☐
3. Father's Name
- Occupation
- Mother's Name
- Permanent Address
- Pin Code : STD Code :
- Mobile No : Tele No :
- Email ID :
4. Address for Communication:
- Building/H.No :
- Street/Colony :
- City/Town :
- State :
- Pin Code : STD Code :
- Mobile No : Tele No :
5. Date of Birth:
6. (a) Category:
- SC/ST/PH/Open General/OBC (Non Creamy Layer)/ OM – Other Minorities
(Socially and Educationally Backward Class belonging to Minorities)
Any Other (Only if availing benefit)

(b) Do you belong to OBC (Minority)

Yes

☐

No

If yes, mention your Minority

Referees: (i)

Name:

Position:

Position:

Position:

Position:

(ii)

Name:

Position:

Position:

Position:

Position:

7. Nationality :

Signature of Candidate

14. SPONSORED / EMPLOYER’S CERTIFICATE

I (the undersigned) do hereby declare that to my personal, the details furnished by the candidate in the Form are correct

15. Attach all required enclosures and complete the following tables.

Record of Enclosures

(Attested copies of certificates / documents)

(a) Certificate showing DOB	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Passing Certificate/ Qualifying Degree/ Diploma Examination	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Mark-sheets of all the semester/ year (For which result is declared)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d) Score Card: (GATE/ CEED/UGC NET/ Both)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(e) Prescribed Certificate for Category Seats (SC, ST, OBC- NCL, EWS, PWD, KM) (<i>as applicable</i>)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(f) Character Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(g) Certificate of Professional Experience (if mentioned in Sr. No. 10)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(h) Certificate of Sponsorship	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(i) Registration Fees Payment receipt	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signature of Candidate

16. CANDIDATE DECLARATION

(i) I hereby declare that the entries in Form are true to the best of my knowledge and belief. I have satisfied myself that I fulfill all the eligibility requirements

I understand that the admission is granted to me on the terms, conditions and rules of the School and such modifications thereof as may be made by the authorities concerned.

I agree to abide by the rules and Regulations of the School for the time being in force and such modifications thereof, which may hereafter be made. I understand that my admission may be cancelled if any information furnished by me is proved to be false

(ii) I agree that the Director's decision in all matters concerning my admission, studies, discipline and conduct be final and binding on me.

(iii) I understand that my association, active and passive, with any unlawful organization is forbidden

(iv) I agree that the School shall have the right to forfeit my security deposits on the ground of my failures to claim the refund within two years from the date of withdrawal of my admission / on completion of the course

Date: _____

(Signature of Candidate)