



SHRI SHANKARACHARYA TECHNICAL CAMPUS

(Approved by AICTE)

(Managed by Shri Gangajali Education Society, Bhilai)

JUNWANI, BHILAI-490 020 (CHHATTISGARH), INDIA



Phone: 0788-2291607, 4088888, Fax: 0788-2291606, 4088899 E-mail: ssqi@ssqi.edu.in, ssqc@sstc.ac.in

Admission Form (ME / M Tech)

Kindly mark tick (✓) in front of the institute name for which you are applying			
SSGI		<u>SSEC</u>	SSITM

Application Form for Admission In : Course Name (Include Branch):						
1. Name:						
2. Father/Husband Name:						
3. Mothers Name:						
4. Correspondence Address:						
	City:	State:	Pin Code:			
5. Permanent Address:						
	City:	State:	Pin Code:			
6. Contact No:	Mobile No: +91-		Father's Mobile No: +91-			
7. Email Id:						
8. Date of Birth:	9. Gender Tick(✓):		Male	Female		
10. Religion:	11. Category: Tick (✓)		GEN	OBC	SC	ST

12. Academic Qualification								
Course	Subject/ Branch	Institute/School	University/Board	Passing Year	Marks Obt/OutOf	Div	%	Grade

13. GATE Qualified Tick (✓)	. Yes	. No	Rank:	Valid up to(Month-Year) :	/
			Marks Obtained:	Out Of:	



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14. Experience : (in Year)	Teaching		Industry		Other
	S.No.	Designation	Employer	Duration	
			From	To	

15. Details Of DD:	DD No:		
	DD Date :		
	Bank Name:		
16. List of Annexure: (Certificate 12th Onward)	1.	2.	3.
	4.	5.	6.

I, hereby under take that:

- All information's submitted by me are true and in case any of the information are found incorrect then my admission is liable to be cancelled.
- I also understand that my admission will be governed by the norms/ ordinance and the admission directives of DTE Raipur/ CSVTU/ Institute and if my admission is cancelled by the university or DTE Raipur/ Institute ab-initio under the rules, I will have no claim whatsoever against the College/ State Govt. / Institute.
- I abide by all prevailing rules and regulations of the Institute/ University.
- I will complete all the formalities of the institute/ University for study and appearing in the examinations.

Date:

Signature & Name of the Candidate

Place: