

8. Academic Data: Please list details of your academic career starting from graduate degree (entering each semester and year separately) and **attach attested copies of relevant mark sheets and certificates.**

Examination Passed: B.E/B.Tech/B.Arch./B.Sc. (Engg.)/Equivalent.

Semester/Year	University/ Institution	Year	Branch Specialization	Class/ Division	Academic Record*		
					Marks obtained/ Max. Marks	Percentage	\$GPA
1 st semester							
2 nd sem./1 st yr.							
3 rd semester							
4 th sem./2 nd yr.							
5 th semester							
6 th sem./3 rd yr.							
7 th semester							
8 th sem./4 th yr.							
Overall % Marks/CGPA [#]							

* See instruction 5 in Section X of the Brochure, ^{\$}GPA = Grade Point Average, [#]CGPA = Cumulative GPA

8A. Any other qualification

Overall % Marks/CGPA [#]							

9. If you have AMIE / AMAeSI / AMIChE / AMIETE / other such qualifications, please indicate your earlier qualification (B.Sc. or Diploma) : _____ **(attach attested copies of relevant mark sheets)**

10. Short Term Courses Attended: Please list in chronological order and enclose attested copies of relevant certificates. List only QIP / ISTE / AICTE / IMPACT Courses or any other such Courses or Workshops of duration **NOT less than 4 days** conducted by QIP Centres.

S.No	Name of Course & Category (QIP/ISTE/AICTE/IMPACT)	Organizer	Duration of Course		
			No of Teaching days	From	To

11. Research Papers: Please list and **enclose a photocopy of each of the papers published.**

List also books, if any.

S.No	Title of Paper/Book	Name(s) of Author(s)	Name of Journal/Conference, Vol. No. & Year of Publication

12. Industrial/Research Experience as on 15.10.2004. Please list and **enclose copies of relevant certificates**

S.No	Name of the Organization	Designation and Nature of duties	Period of Employment		
			Duration	From	To

13. Declaration:

- a) I declare that all the information given by me in this application form is correct to the best of my knowledge and belief, and I understand that false or incomplete information would cause invalidation of the application.
- b) I shall abide by the decision of the National QIP Coordination Committee in all matters pertaining to admissions. The decision of the Committee shall be final and binding on me.
- c) I shall abide by the rules and regulations of the Institution to which I will be offered admission, if selected.
- d) For all legal actions, suits and proceedings, the jurisdiction of a court of law shall be deemed to lie exclusively at the place at which the institution considering me for admission is situated or the place where the office of the Principal Coordinator is located and at no other court or place.
- e) I understand the contents of this form and, particularly, this declaration being made here.

Place :

Signature of the Applicant

Date :

14. Certificate and Forwarding Note by the Principal or Head of the Institution

- a) *Our Institution as well as the academic department, to which the applicant Mr./Ms _____ belongs, are approved by AICTE.
- b) The applicant is a full-time regular/permanent faculty member of our Institution and is not on deputation to any other Institution.
- c) The applicant has _____ years and _____ months of teaching experience as on 15-10-2004 at the graduate level (certificates enclosed).
- d) The applicant will be relieved full-time for the programme on deputation and will be paid full salary and allowances during the tenure of his/her sponsorship, if selected for admission.

*Not applicable, if the candidate belongs to a National Institute of Technical Teachers' Training & Research (NITTTR).

Office Seal :

Signature of the Principal or Head of the Institution

Date:

- Note: (a) Conditional recommendation will not be accepted.
 (b) This Forwarding Note should be signed only by the Principal or the Head of the Institution.
 (c) Any alteration made in the text of this Forwarding Note leads to automatic rejection of the application.

QUALITY IMPROVEMENT PROGRAMME

Application for Admission to Master's Degree
Programmes 2005-06

Appln. No. **M**

(To be assigned by the Office)

DATA SHEET

1. Name :
(as in the certificate)

2. Affiliation
Designation Code: Designation: _____
Department : _____
College with Address : _____

Please affix here
your recent
stamp sized
photograph and
stick cello-tape
across it

3. Address for Correspondence: _____
City _____ State _____ Pin Code: _____

4. Telephone _____ (O) Fax _____ email _____
_____ (R)

5. Date of Birth Age Sex Category Physically Challenged Married

6. Qualifying Examination Degree Branch University/Institution

Year Class/Division Overall percentage or CGPA

7. Teaching Experience as on 15-10-2004 Years Months

8. Industrial/Research Experience as on 15-10-2004 Years Months

9. Number of QIP/ISTE/AICTE/IMPACT Courses attended
4 to 7 days duration Two-week's duration More than two-week's duration

10. Number of research papers: in refereed journals in conference proceedings

11. Institutions and Departments to which admission sought: Use Codes

	Institute Code	First Choice of Department/Centre		Second Choice of Department/Centre	
		Department Code	Specialization Code	Department Code	Specialization Code
Preference 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preference 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preference 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

signature of the applicant