

Form	F/ADMN/03
REV.No	00
Issue	15/02/10

Form No:-

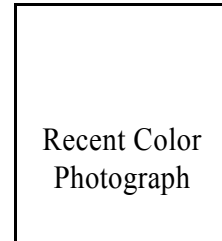
<p><b>Mahatma Gandhi Mission's</b>  <b>JAWAHARLAL NEHRU ENGINEERING COLLEGE,</b>  <b>N-6, CIDCO, AURANGABAD-431 003.</b>  <b>Phone: 0240-2482893, Fax-0240-2482235</b>  <b>(Provisional Registration Form for Admission to Post Graduate Engineering Course)</b></p>
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Name in Full: \_\_\_\_\_  
(In Capitals)                      Surname                      First Name                      Father's Name

Date of Birth: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Sex: \_\_\_\_\_ Nationality: \_\_\_\_\_

Cast Category: \_\_\_\_\_ Email ID: \_\_\_\_\_  
(Open/SC/ST/VJ/NT1/NT2/NT3/OBC/SBC)



Address for \_\_\_\_\_ Phone No: \_\_\_\_\_  
Correspondence

\_\_\_\_\_ Mobile No of Parents: \_\_\_\_\_

**Details of SSC (10<sup>th</sup> Exam)**

Board \_\_\_\_\_ Month and year of passing \_\_\_\_\_

Marks Obtained \_\_\_\_\_ Out of \_\_\_\_\_ Marks in Mathematics \_\_\_\_\_ Out of \_\_\_\_\_

**Details of HSC (12<sup>th</sup> Exam)**

Board \_\_\_\_\_ Month and year of passing \_\_\_\_\_

Marks Obtained \_\_\_\_\_ Out of \_\_\_\_\_ Marks in Mathematics \_\_\_\_\_ Out of \_\_\_\_\_

<b>Details of B.E. / Graduate Exam</b>
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University \_\_\_\_\_ Month and year of passing \_\_\_\_\_

Marks Obtained \_\_\_\_\_ Out of \_\_\_\_\_

**Details of Entrance Test**

**GATE 2018 (Valid score)** Seat No. \_\_\_\_\_ Score \_\_\_\_\_ Year \_\_\_\_\_

**GATE 2019** Seat No. \_\_\_\_\_ Score \_\_\_\_\_ Year \_\_\_\_\_

**Enclosures: (Attach Photocopies)**

SSC Marks Memo	<input type="checkbox"/>	HSC/Diploma Mark Memo	<input type="checkbox"/>	B.E. Transfer Certificate	<input type="checkbox"/>
Caste Certificate	<input type="checkbox"/>	Caste Validity Certificate	<input type="checkbox"/>	Non-Creamy Layer Cert.	<input type="checkbox"/>
Migration Certificate	<input type="checkbox"/>	Domicile Certificate	<input type="checkbox"/>	Gap Certificate	<input type="checkbox"/>
Age/Nationality	<input type="checkbox"/>	GATE Score Card	<input type="checkbox"/>		

**UNDERTAKING:**

I, the undersigned declare and hereby affirm that the information furnished by me is correct and true to the best of my knowledge. In case of any detection of providing false information intentionally, I will be liable to the consequences. It is also declared that the address given for correspondence is of a responsible person/relative.

**Signature of Parent / Guardian**

**Signature of Student**

**For office Use Only :**

Received Rs. \_\_\_\_\_ By Cash/DD No. \_\_\_\_\_ dated \_\_\_\_\_ drawn on Bank \_\_\_\_\_

Place:

Date:

**Receiver's Signature**

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