

**DEPARTMENT OF DISTANCE EDUCATION  
THAPAR UNIVERSITY: PATIALA**

SESSION : MARCH 2008

**APPLICATION FORM FOR ADMISSION TO B.TECH. ( DISTANCE EDUCATION )**



**IMPORTANT INSTRUCTIONS:** Please read Information Brochure carefully before filling each item of the Application Form. No column should be left blank. Write 'N.A.' if not applicable.

<b>Name of the Programme applied for (Tick)</b>	<b>FOR OFFICE USE ONLY</b>	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;">                 PASTE A RECENT PASSPORT SIZE PHOTOGRAPH AND GET IT ATTESTED             </div>
<input type="checkbox"/> B.Tech in Civil Engineering <input type="checkbox"/> B.Tech in Computer Sc. & Engg. <input type="checkbox"/> B.Tech in Electrical Engineering <input type="checkbox"/> B.Tech in Mechanical Engineering	<input type="checkbox"/> Admitted to B.Tech. ( CE CSE EE ME )  Dated:..... <b>CHAIRMAN</b> Admission Committee	
Please attach a Demand Draft (in favour of Registrar, Thapar University, Payable at Patiala) as under		<b>Entrance Test Result</b> (FOR OFFICIAL USE)  Roll No. .... Marks Obtained ..... Rank in the Merit List.....
(a) <b>Rs. 1000/- Entrance Examination Fee OR</b> (b) <b>Rs. 1500/- Entrance Examination Fee + Cost of Brochure / Form, if the same is downloaded through Internet OR applied online (Rs. 1000+500 = 1500/-)</b>		
DD No. ....	Dated ..... <input type="checkbox"/> <b>Rs. 1000/- OR</b> <input type="checkbox"/> <b>Rs. 1500/-</b>	
Name of the Bank .....		
CHOICE OF CENTRE FOR ENTRANCE EXAMINATION <input type="checkbox"/> PATIALA <input type="checkbox"/> DELHI		

NAME..... DATE OF BIRTH.....  
(IN BLOCK LETTERS & AS ENTERED IN QUALIFYING EXAM. CERTIFICATE)

Designation..... Present Employer.....

FATHER'S NAME.....  
(IN BLOCK LETTERS & AS ENTERED IN QUALIFYING EXAM. CERTIFICATE)

MOTHER'S NAME.....  
(IN BLOCK LETTERS & AS ENTERED IN QUALIFYING EXAM. CERTIFICATE)

<b>CORRESPONDENCE ADDRESS</b>	<b>COMPLETE OFFICIAL ADDRESS</b>
<b>TELEPHONE NUMBERS</b>	<b>MOBILES NUMBERS / E-MAIL ADDRESS</b>
Resi..... <small>(WITH STD CODE)</small>  Office..... <small>(WITH STD CODE)</small>	Mobile.....  E-mail.....

DETAILS OF EXAMINATION PASSED						
Examination	Year of Passing	Board/ University	Marks Obtained	Maximum Marks	%age / CGPA	Division
Diploma.....Years (3 / 2½ / 2) (Branch).....						
10+2..... <small>(NON-MED./MEDICAL/COMMERCE/ARTS)</small>						
Matriculation						
Any Other						

CATEGORY (PLEASE TICK)			
<input type="checkbox"/> General Category	<input type="checkbox"/> Scheduled Caste	<input type="checkbox"/> Scheduled Tribe	<input type="checkbox"/> Phy. Handicapped

AREA YOU BELONGS TO	MARITAL STATUS
<input type="checkbox"/> Rural <input type="checkbox"/> Urban	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried

<b>EXPERIENCE ( ATTACH ATTESTED PHOTO COPIES OF ALL EXPERIENCE CERTIFICATES )</b>						
Name & Address of Employer	Designation	Period of Service		Length of Service		Nature of duties
		From	To	Years	Months	
PRESENT EMPLOYER						
EARLIER EMPLOYERS, IF ANY						

**UNDERTAKING**

- (a) I declare that I have not been debarred from joining any educational institution or rusticated from the Institution/University/Board last attended.
- (b) I declare that all the statements made in this application are true to the best of my knowledge and belief. I clearly understand that if any of the statement is subsequently found to be untrue, my admission to the above said course would stand cancelled.
- (c) I have read the Information Brochure and Instructions incorporated therein carefully.
- (d) I have satisfied myself that I fulfill the minimum educational qualifications and that my admission be treated as cancelled if found deficient in these standards.
- (e) I agree that admission may be granted to me on the terms and conditions stated in the Information Brochure of the Department of Distance Education of the university and Instructions of the university or such modifications thereof as may be made by the authorities from time to time.
- (f) I promise to abide by the rules and regulations of the Department of Distance Education / University as applicable from time to time.

PLACE .....

DATE .....

SIGNATURE OF THE APPLICANT

**CHECK LIST OF ATTESTED PHOTOCOPIES OF DOCUMENTS ATTACHED**

- Demand Draft as stated on pre-page (  Rs.1000/- OR  Rs. 1500/- )
- Experience Certificates.....Nos.
- Diploma Certificate
- Diploma Detailed Marks Certificates.....Nos.
- 10+2 Certificates
- Matriculation Certificate with Date of Birth
- Category / Reservation Certificates ..... ( mention category )

(Note: The certificate should be on the prescribed proforma & also issued by the competent authority as per the instructions / guidelines given in information brochure )

- Any other.....

**Notes:** Incomplete Application will be rejected without assigning any reason.

<p>Application duly completed in all respect to be submitted to:-</p> <p><b>COORDINATOR</b>  <b>DEPARTMENT OF DISTANCE EDUCATION</b>  <b>THAPAR UNIVERSITY</b>  <b>PATIALA-147 004 ( PUNJAB )</b></p>
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**DEPARTMENT OF DISTANCE EDUCATION**  
**THAPAR UNIVERSITY: PATIALA**  
VERIFICATION CARD



Name of the Programme applied for (Tick)	FOR OFFICE USE ONLY
<input type="checkbox"/> B.Tech in Civil Engineering <input type="checkbox"/> B.Tech in Computer Sc. & Engg. <input type="checkbox"/> B.Tech in Electrical Engineering <input type="checkbox"/> B.Tech in Mechanical Engineering	Entrance Exam. Roll No. ....  Register Entry No. ....

(TO BE FILLED AND SIGNED BY THE CANDIDATE)

Name of the Candidate .....

Father's Name .....

Please paste  
recent passport  
size photograph  
& get it attested

(SIGNATURE OF CANDIDATE)

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### Important Dates

Last Date of receipt of application form	February 08, 2008
Display of Roll no. for entrance test on website	February 11, 2008
Entrance Examination	February 24, 2008
Merit List declaration	March 02, 2008
Date of admission	March 09, 2008

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### Annexure-I

#### INSTRUCTIONS/GUIDELINES REGARDING COMPETENT AUTHORITY TO ISSUE CERTIFICATES

##### 1. SCHEDULED CASTES CATEGORY

The format for SC Certificate is given as Annexure-II and the competent authorities to issue the certificate are as under: -

- (i) District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner/Additional Deputy Commissioner / Deputy Collector / Ist Class stipendary Magistrate / City Magistrate / Sub-Divisional Magistrate / Talika Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of Ist Class stipendar Magistrate).
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officer not below the rank of Tehsildar.
- (iv) Sub-Divisional Officer of the area where the candidate and / or his family normally resides.
- (v) Administrator / Secretary to Administrator / Development officer Lakshdweep Islands.  
(Circulated vide No. 2/223/79-SWT/4387 dated 8.6.96)
- (vi) MLAs of the concerned constituency (Circulated vide No. 1/19/94-RCI/6045 dated 15.7.94)

##### 2. SCHEDULED TRIBE CATEGORY

The competent authority to issue Scheduled Tribe certificate is same as given for Scheduled Caste category.

##### 3. PHYSICALLY HANDICAPPED

The admission of candidates in this category will be made on the Submission of certificate to be issued by Chief Medical Officer of the District concerned, which should indicate the extent of disability. However this provision will be subject to the decision of the Admission Committee of the Institute whether such a candidate would be able to pursue the studies at the institute with his specific disability. The decision of the Admission Committee in this regard shall be final.

### Annexure-II

#### FORMAT OF CERTIFICATE OF SCHEDULED CASTES

Despatch No.....  
Date.....

1. It is certified that Mr./Ms. .... son / daughter of Sh.  
..... of village/town .....  
district/division ..... State of Punjab belongs to .....Caste which has  
been recognised as Scheduled Caste as per "The Constitution (Scheduled Castes) Order, 1950".
  
2. Mr./Ms. .... and his/her family lives in village/town  
..... district/division of Punjab State.

Place ..... Signature .....  
Date ..... Designation .....  
State .....  
(with official seal of the officer concerned)

**FORMAT OF CERTIFICATE OF SCHEDULED Tribe**  
Same as for Scheduled Castes Candidates.