



APPLICATION FORM

Undergraduate Programme under IGNOU

APP. ON.: _____

REG. NO.: _____

A F F I X
R E C E N T
S T A M P
S I Z E
P H O T O G R A P H

Session: 2011

COURSE APPLIED FOR: B-TECH AEROSPACE

NAME (IN BLOCK LETTER): _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

PERMANENT ADDRESS: _____

PIN CODE: _____

PHONE NO.: _____ E-MAIL: _____ MOBILE NO.: _____

PRESENT ADDRESS: _____

PIN CODE: _____ PHONE NO.: _____

DATE OF BIRTH: _____ NATIONALITY: _____ CATEGORY: GEN/SC/ST/OBC/OTHERS

(Attach age proof.)

(Attach no objection certificate or police clearance certificate, if not Indian)

LANGUAGE KNOWN (Mother tongue first): _____ BLOOD GROUP: _____

Examination	Institution	Board / university/ Council	Passed In	Subject	%
10 th / Equiv.					
10 + 2 / Equiv.					
Graduation					
Masters					
Others					

(Attach attested photocopies of all Mark Sheets and Certificates.)

ADDITIONAL INFORMATION

Other Hobbies: _____

SOURCE OF INFORMATION ABOUT PCMT (PUT THE TICK MARK BELOW) :

WORD OF MOUTH POSTERS / BANNERS FAIR/CAMP HOARDING

NEWS PAPER ADD OTHER SOURCES NAME OF THE NEWS PAPER _____

ARE YOU PLANNING TO TAKE EDUCATION LOAN YES NO

DO YOU WANT TO STAY IN HOSTEL AT CAMPUS? YES NO

(If yes collect Hostel Application Form)

Declaration:

1. I hereby declare that the information provide by me is true & subject to verification by PCMT.
2. I hereby agree to have seen, read and completely understood the rules & regulations and other information as supplied in the PCMT before my admission.
3. I hereby agree to follow all the rules & regulations as specified in the student hand book which may be modified from time to time, if I am granted admission.

Signature of Father / Guardian

Signature of Student

Date:

Date:

All Correspondence related to admission may be made to “The Admission Office, PCMT” at:

Campus:

Bengal Pailan Park, Phase I, off. D.H. Road,
Kolkata 700 104, Phone: 033-24535605,9836911117
Fax: 033-24978238

City Office:

Express Tower, 1st Floor, 42A Shakespeare Sarani,
Kolkata 700 017, Phone: 22836918-20
Fax: 22836921

For Office Use Only

	DATE	RESULT	CONDUCTED BY
WRITTEN TEST			
INTERVIEW			
GROUP DISCUSSION			
FINAL RESULT			

Check List			
All document attached	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Photograph attached	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Payment Status				
Pattern of Payment	<input type="checkbox"/>	Yearly	<input type="checkbox"/>	Semester
Admission Fees Paid	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Payment Complete to start class	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hostelite?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Signature of Academic counsellor

For Submission: Duly filled-up form along with Rs. 500/- by cash and Rs. 550/- by DD in favour of “PAILAN EDUCATIONAL TRUST” payable at Kolkata to the above stated addresses.