

PTO.

UNIVERSITY COLLEGE OF ENGINEERING OSMANIA UNIVERSITY, HYDERABAD - 500 007

APPLICATION FORM FOR M.E./M.TECH. REGULAR ADMISSIONS (2020-21) UNDER SPONSORED CATEGORY

Please tick mark ($\sqrt{}$) appropriate boxes

Depa	artment	to wł	nich A	dmiss	ion i	s sought:								
BME	Civil	CSE	ECE	EE	ME									
Regi	stration	1		Amo	unt	D.D.No.	& Date/	Cash	Na	ame of the Bank	<			
Fee	particul	ars:	Rs.	500/-		D.D. in favour of	"Princip	al, U	CE, OU, H	vd″				
	Office U stration		ly							e filled in by Candi of the Candi				
1.	1. Department to which admission is sought:									(In Block Letters)				
	Date of								mr./ms					
	Sex: Ma									A 66:				
	4. Hall Ticket No/Regd.No:									Affix Passport				
	GATE/I					VC				Size				
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				Signa	ature	of Scrutinizing	Unicer							
1.	Full nam (In Block L		candid	late: M	r./ Ms.		:							
2.	a) Fa	ather's /	Guardi	an's N	ame (il	father is not alive)	: Mr./ N	/Is.						
	b) Oo	ccupatio	on of Fa	ather/G	uardia	n	:							
	c) Mo	other's	Name				:							
3.	Permane	ent Post	tal Addr	ess			:							
4.	intimate	ny cha d)	nge in a		s must	be immediately	:							
	(a) Mo	obile No	D:			(b) E-mail I.D								
5.	Date of E (Accordin		S.C. or	equiva	alent)		Da	te	Month	Year	PTO			

6. Employment details:-

- i) Name & Address of the Employer :
- ii) Designation & Nature of the Employment
- Note : (i) Enclose permission letter to pursue the course, without which the admission will not be made.
 (ii) Enclose certificate of a minimum of two years experience as on 31st July, 2020 reckoned from the date of qualifying degree, failing which the application will be rejected.

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7.Education Qualifications:

Examination	Board/Univ. &	NAME OF THE INSTITUTION	DIVISION	AGGREGATE	MONTH &	OPTIONAL
	period of	TOWN/CITY & DIST		% OF MARKS	YEAR OF	SUBJECTS/
	study				PASSING	BRANCH OF
						ENGG.
SSC Or Equivalent						
Intermediate or equivalent						
Diploma in Engineering						
B.E/B.Tech/ AMIE/AMIETE						
B.Sc.						
MSc./MCA or equivalent						

DECLARATION

I PROMISE TO ABIDE BY THE RULES, REGULATIONS AND ORDERS OF THE OSMANIA UNIVERSITY.

I declare that the statements I have made in this application are correct and complete. I have not suppressed any information. I fully understand that my admission will stand cancelled in case any information supplied by me is found to be false at any stage. Further, I shall be responsible for payment of fees, and good behavior/conduct during the period of my study at the college.

Place :

Date :

Signature of the Candidate