

Form No.

Cost Rs.500/-

**SHRI G.S. INSTITUTE OF TECHNOLOGY & SCIENCE**  
(An Autonomous Institution, Estd. In 1952)  
23, Park Road, INDORE – 452 003 (M.P). INDIA

Tel. No.: 0731 – 2434095, 2548334 to 338

Telegram : GOSTINST

**APPLICATION FORM FOR ADMISSION TO P.G. COURSES, IN SESSION-----**

**COURSE FOR WHICH APPLIED -----BRANCH-----**  
(i.e. M.E/ M.Tech./M.Pharm./M.Sc.)

**SPECIALIZATION:** -----  
(in order of preference)  
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Affix  
Passport size  
Photograph here

**REGULAR or SPONSORED :** -----

**PART – 1**

1. **NAME OF THE CANDIDATE :** -----
2. **CATEGORY :** -----  
(General/SC/ST)
3. **Degree on the basis of which admission is sought to PG Course:** -----  
(Write one of this – B.E./B.Tech./B.Pharm./B.Sc. or equivalent)
- BRANCH:** -----  
(of B.E./B.Tech)
4. **DEGREE PERCENTAGE:**-----**DIVISION:** -----  
(% of marks on the basis of which degree is awarded)
5. **GATE PERCENTILE:** -----**BRANCH:** -----**YR. OF GATE:** --  
(Branch with which  
Appeared in GATE)
6. **FINAL YEAR B.E./B.TECH/B.PHARM. MARKS:** -----**OUT OF** -----  
**PERCENTAGE:**   .   % ( to be calculated  
Up to 2 decimal  
Places and rounded )
7. **DATE OF DECLARATION OF FINAL YR. B.E./B.TECH/B.PHARM. RESULT:** -----  
(as given in the final yr. mark sheet)
8. **PROFESSIONAL EXPERIENCE:** (as on 31<sup>st</sup> July of the admission yr.)

.   Yrs.

(to be counted only after passing ( to be calculated  
B.E./B.Tech/B.pharm. or equivalent exam i.e. to Up to 2 decimal Places and  
be counted from or after the date of declaration rounded )  
of result of final year of qualifying exam. as  
given in the final year marksheet.)

9. **ADDRESS & TEL. NO. / E-MAIL -----**  
**FOR CORRESPONDANCE -----**  
(valid at least for next six months) -----  
**CITY -----STATE-----PIN-----**  
**PHONE -----E-MAIL -----**

**PART – II**

**1. ACADEMIC RECORD :**

- (i) Name of the Institute from where passed the qualifying exam (i.e. B.E./B.Tech/B.pharm/B.Sc.): -----
- (ii) Name of the Institute/ College last attended -----

Examination	Univ./Board	Yr. of passing	No. of Attempts	Marks		% of Marks & Division
				Obtd.	Out of	
I yr.						
II yr.						
III yr.						
IV yr.						

**2. DETAILS OF PROFESSIONAL EXPERIENCE  
(IN CHRONOLOGICAL ORDER):**

S. No.	Name of the Post held	Organization	Date of Joining	Date of leaving	Salary	Total Expr. (in yrs.)	Proof furnished (Yes/No)
<b>Total Experience</b>							

**Note:** Any experience before passing the qualifying exam. (i.e. before the date of declaration of final yr. result) should not be counted.

**NO OBJECTION CERTIFICATE FROM THE EMPLOYER**  
**(For Sponsored Candidates only)**

This is to certify that Shri/ Smt./Ku. -----  
S/o/D/o/W/o.-----applicant for admission to M.E./ M.Tech./  
M.Pharma/ M.Sc. ----- course at Shri G.S. Instt. Of Tech. &  
Science, Indore is in continuous employment in this Deptt./ Office/ Organization/  
Instt. On the post of -----since (date)-----

1. He/She is posted at present at -----(name of place)
2. He/She is assigned the following work/ duties -----  
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3. It is certify that in case he/she is offered admission to the aforesaid P.G. course  
he/she would be posted at Indore proper/ in the vicinity of indore, before the last  
date fixed for admission to P.G. Course.

Name, Designation & Address  
Of Sponsoring Authority:

Signature of Sponsoring Authority  
along with Seal of the Office

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Date: -----

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**PART – III**

1. Name of the candidate: -----
2. Nationality: -----3. Religion: -----4. Date of birth: -----
5. Permanent Address : -----  
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6. Father's Name: -----
7. Mother's Name: -----
8. (a) Name of guardian: -----  
(if father is dead or father is not the guardian)  
(b) Relation of the guardian with the candidate: -----
9. Address of father (or guardian): -----  
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10. Occupation of father or guardian: -----
11. Annual income of the father or guardian: -----
12. Whether interested to take admission WITHOUT SCHOLARSHIP, in case you  
do not get the admission with scholarship (applicable for REGULAR, GATE  
candidates only) { YES/NO } -----

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Certify that the information supplied by me in this form is correct. I also declare  
that in the event of any of the information furnished by me being found incorrect  
after offering admission to me and even after admission. The offer of admission  
or admission as the case may be / shall be treated as cancelled and I shall have no  
claim for loss or hardship on that account. If selected for admission, I promise to  
abide by the rules and regulation and discipline of the Institute.

Place: -----

Signature of the Applicant

Date: -----

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**IMPORTANT POINTS FOR THE CANDIDATES**

o Separate Application forms must be submitted for courses under different Departments. However, for all courses with in a department, only one form should be submitted, giving the preferences, if applied for more than one specialization.

o **List of documents to be enclosed along with this form**

Please enclose the following documents (duly attested) in given sequence and serially number them as 1,2,3 -----

- (i) Degree Certificate
- (ii) Final year B.E./B.Tech/B.pharm./B.Sc. Mark sheet
- (iii) GATE Card
- (iv) Caste Certificate (in case of SC/ST)
- (v) Experience Certificates (in chronological order)
- (vi) IV, III year, II year, I year Marksheets
- (vii) HSSC Marksheets (for proof of date of birth)
- (viii) Original D.D. in favour of Director, SGSITS payable at Indore  
(in case the form is downloaded)

D.D.No. ----- Dated ----- sBank Name-----

o The application form duly filled along with attested copies of the documents as mentioned above must reach the **Director, Shri G.S.Institute of Technology and Science, 23 Park Road, INDORE – 452 003 (M.P)**, on or before the last date of submission as mentioned in the Information Brochure. Late and/or incomplete application will under no circumstances shall be entertained. The Institute will not be responsible for postal delays, if any.

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(For office use only)

- 1. Whether the candidate is Eligible (Yes/No): -----
- 2. if not eligible, reason (s): -----
- 3. Necessary documents not attached, if any: -----  
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- 4. Remarks: -----  
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