



**Vidarbha Youth Welfare Society's  
Prof. Ram Meghe Institute of Technology & Research,  
Badnera-Amravati**



**Admission Form (Department copy)  
Master of Engineering (Full Time/ Part Time)**

**Department:** \_\_\_\_\_

**PG Programme:** \_\_\_\_\_

**Academic Year:** \_\_\_\_\_

**Name of student:** \_\_\_\_\_

(Name)                      (Middle Name)                      (Surname)

Stick colour  
Passport Photo

Do not pin or  
staple it

Do not sign the  
photo

<b>Address for Correspondence: (Local)</b>					<b>Address for Correspondence: (Permanent)</b>														
_____					_____														
_____					_____														
_____					_____														
<b>Name of Father:</b>					<b>Name of Mother:</b>														
<b>Occupation</b>					<b>Occupation</b>														
<b>Contact Details</b>										<b>Contact details</b>									

<b>Enrollment No.</b>		<b>Admission Category</b>		Regular	<b>DC join</b>					
<b>Date of Birth</b>		<b>Physically Handicap:</b>		Yes	No					
<b>Mobile No.</b>						<b>Email Id:</b>				
<b>Religion</b>				<b>Caste</b>			<b>Sub Caste:</b>			
<b>Applicable Tuition Fees</b>				<b>ERP No:</b>						

**Previous Academic details:**

Semester	Number of Heads			Result	Marks			
	Total	Passed	Failed	Pass / Fail	Max.	Scored	%	SGPA
I								
II								
III								
IV								

Date: / /

Signature of Student

===== For Departmental Use =====

**Recommended for Provision admission to attend the classes of**

**Semester:** \_\_\_\_\_ **PG Programme:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Fee details :**

Payable	Partial / Full	Fees Paid at the time of admission	Date
<b>Rs:</b>	<b>Partial / Full</b>	<b>Rs.</b>	

**Signature of Class Teacher  
with name and Date**

**Signature of Admission I/C  
with name and Date**



**STUDENT INFORMATION SHEET (OFFICE COPY)**  
**MASTER OF ENGINEERING**  
**COURSE TYPE: FULL TIME / PART TIME**



**ACADEMIC YEAR:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**PG Programme:** \_\_\_\_\_

<b>NAME OF STUDENT:</b>												<b>PASTE RECENT PHOTOGRAPH HERE</b>								
<b>GENDER:</b>	<b>MALE / FEMALE</b>	<b>RELIGION</b>																		
<b>DATE OF BIRTH</b>				<b>CASTE:</b>																
<b>ENROLLMENT NO.</b>																				
<b>ERP NO.:</b>												<b>EMAIL ID:</b>								
<b>ADMISSION CATEGORY</b>	<b>REGULAR</b>			<b>DC JOINED</b>			<b>FEES APPLICABLE</b>			<b>RS.</b>										
<b>PHYSICALLY HANDICAP: YES / NO</b>				<b>MOBILE</b>																
<b>FATHER'S NAME</b>							<b>CONTACT:</b>													
<b>OCCUPATION</b>																				
<b>MOTHER'S NAME</b>							<b>CONTACT</b>													
<b>ADDRESS LOCAL</b>							<b>ADDRESS PREMANENT</b>													

**DATE:** \_\_\_\_\_

**SIGNATURE OF CLASS TEACHER**

**SIGNATURE OF CANDIATE**