



**योजना तथा वास्तुकला विद्यालय, विजयवाड़ा**  
**School of Planning and Architecture, Vijayawada**  
An Institute of National Importance, Ministry of Education Gov. of India

14<sup>th</sup> September 2021

**Instructions to the Provisionally Selected Candidates for the Master's Programme through Direct Admissions at SPA Vijayawada for the Academic Year 2021-22**

1. The reporting form for admission to Master's Programme for the academic year 2021-22 and the Student ID Card form are attached as annexure. The respective reporting form, fee receipt(s) & student ID card form should be forwarded to the [admissions@spav.ac.in](mailto:admissions@spav.ac.in) on or before 15<sup>th</sup> September, 2021.
2. The registration and commencement of online classes for the PhD programme shall be as per the academic calendar for the odd semester of the A.Y. 2021-22.
3. The institute reserves the right to make changes, if necessary in the admission provisions.
4. For any further clarification / information, candidates may contact: Academic Section, SPA Vijayawada. 0866-2469 493, [admissions@spav.ac.in](mailto:admissions@spav.ac.in)

**-Sd-**

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**REPORTING FORM FOR ADMISSION TO M. ARCH, MBEM/M. PLAN COURSES**  
**FOR THE ACADEMIC YEAR 2021-22**

Paste your recent  
passport size  
photograph

**I. GENERAL DETAILS:**

1. Application for admission to PG Programme for the A.Y. 2021-22 in  
M.Arch., MBEM / M.Plan. (with Specialization)

2. Name of the Candidate (English)  
(as per 10<sup>th</sup> / Equivalent Certificate)

Name of the Candidate (Hindi)

3. Date of Birth

DD

MM

YYYY

4. Gender

M/F

5. Category (Open General/ OBC/ SC/ST/ OM/FN/NRI/PIO/CIWG/KM/AP/Any other)

6. Nationality

7. Religion

8. E-mail

9. Mobile No.

10. Aadhaar No:

11. Bank Details: A/c No,  
Bank & Branch Name  
IFSC Code

12. State of Domicile

**II. Academic Details:**

13.	a	GATE Registration Number / Year	
	B	Marks obtained in GATE Exam	

C	GATE Score	
D	AIR Rank	

14. Educational Qualification Details (Class X, XII and Degree)

Name of the School / College	Examination / Board	Year of Passing	Class / Division	Total Marks	Marks obtained	Percentage of Aggregate Marks Obtained

III . Details of Parents/Guardian:

15.	Father's Name & Occupation		
	Mother's Name & Occupation		
	Annual Income of the Family	Rs.	

16. Present Address

H. No						
Street / Colony						
City/ Town						
Pin No.						E-Mail
STD Code			Phone No.			
Mobile No.						

17. Permanent Address

H. No						
Street / Colony						
City/ Town						
Pin No.						E-Mail
STD Code			Phone No.			
Mobile No.						

18. Details of Local Guardian (Name, Address and phone no)

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19. Name of the person and Phone number in case of emergency

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**APPLICANT'S UNDERTAKING**

1. I hereby declare that the entries in this form are true to the best of my knowledge and belief. I also understand that the admission is granted to me on the terms and conditions of the School. I further agree to abide by the rules and regulations of the School for the time being in force and such modifications thereof, which may be made from time to time. I give my consent to cancel my admission, if any information furnished by me is proved to be false.
2. I shall submit myself to be disciplinary jurisdiction of the competent authorities of the School who may be vested with the authority to exercise discipline under the Act/Statutes/Ordinances and the Rules that have been framed by the School.
3. I agree that the decision of the School on all matters related to my admission, studies, discipline, conduct etc., will be final and binding on me. I shall abide by the rules and regulations of the School from time to time.
4. I understand that my association active or passive with any unlawful organizations is forbidden.
5. I shall forfeit my security deposits in case, I fail to claim my security deposits within two years from the date of withdrawal of my admission/on completion of the course.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

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**FATHER'S / GUARDIAN'S UNDERTAKING**

My son/daughter/ward \_\_\_\_\_ seeks admission with my consent and I am personally responsible to the school for the payment of all his/her dues, as and when desired by the School.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Father/Guardian**



## **STUDENT ID CARD FORM**

<b>STUDENT DETAILS</b>		
<b>ADMITTED IN THE ACADEMIC YEAR</b>		
1.	<b>Name of the Student (as per 10<sup>th</sup> / Equivalent)</b>	<b>Paste your recent Passport size Photograph</b>
2.	<b>Course</b>	
3.	<b>Registration No.</b>	
4.	<b>Date of Birth</b>	
5.	<b>Gender</b>	
6.	<b>Blood Group</b>	
7.	<b>Mobile. No.</b>	
8.	<b>Father's Name</b>	
9.	<b>Mother's Name</b>	
10.	<b>Permanent Residential Address</b>	
11.	<b>Emergency Contact No.</b>	
12.	<b>Any Medical Advisory</b>	

**SIGNATURE OF STUDENT**