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| YCCE logo | **Yeshwantrao Chavan College of Engineering, Nagpur**  **(An Autonomous Institution affiliated to Rashtrasant Tukadoji Maharaj Nagpur University)**  **Hingna Road, Wanadongri, Nagpur - 441 110**  **Ph.: 07104-237919, 234623, 329249, 329250 Fax: 07104-232376, Website: www.ycce.edu** | | | | | | | | | | | | Application ID  (For Office use) | |
| **REGISTRATION FORM: Ph.D. ENTRANCE TEST 2022** | | | | | | | | | | | |
| 1. **a) Faculty** | | | | **Faculty of Science & Technology** | | | | | *Paste your current passport size photo below with cross signature:* | | | | | |
| 1. **b) YCCE Research Center Name** | | | |  | | | | |
| **2) Personal Details** | | | | | | | | |
| ***a) Name In Full (In Block Letters):*** | | | | |  | | | |
| ***Maiden Name for Female Candidates (In Block Letters):*** | | | | |  | | | |
| ***b) Mobile No.:*** | | | | |  | | | | | | | | | |
| ***c) Email Id :*** | | | | |  | | | | | | | | | |
| ***d) Permanent Address:*** | | | | |  | | | | | | | | | |
| ***e) Address For Correspondence:*** | | | | |  | | | | | | | | | |
| ***f) Name of Father:*** | | | | |  | ***g) Name of Mother :*** | | |  | | | | | |
| ***h) Date of Birth :*** | | | | |  | ***i) Gender :*** | | |  | | | | | |
| ***j) Marital Status :*** | | | | |  | ***k) Name of Spouse :*** | | |  | | | | | |
| ***l) Physically Challenged :*** | | | | |  | ***m) Religion :*** | | |  | | | | | |
| ***n) Nationality :*** | | | | |  | ***o) Category :*** | | |  | ***p) Caste :*** | |  | | | |
| **3) *Educational Qualifications*** | | | | | | | | | | | | | | |
| ***A) Undergraduate (UG) Examination Details*** | | | | | | ***B) Postgraduate (PG) Qualifying Examination Details*** | | | | | | | | |
| ***Passing Year :*** | | |  | | | ***Passing Year :*** | | |  | | | | | |
| ***Branch :*** | | |  | | | ***Specialization :*** | | |  | | | | | |
| ***Board/University:*** | | |  | | | ***Board/University:*** | | |  | | | | | |
| ***Percentage/CGPA:*** | | |  | | | ***Percentage/CGPA:*** | | |  | | | | | |
| **4) Employment Details** | | | | | | | | | | | | | | |
| ***Is Employed:*** | | Yes / No | | | | | | | | | | | | |
| ***Designation:*** | |  | | | | ***Organization:*** | |  | | | | | | |
| ***Organization Address:*** | |  | | | | | | | | | | | | |
| **5) Payment Details** | | | | | | | | | | | | | | |
| ***Application Form Fee Amount:*** | |  | | | | ***Mode:*** | | *(Attach UTI slip details )* | | | ***Date:*** | | |  |
| ***Time:*** | | |  |
| ***Bank Name:*** | |  | | | | ***Transaction Details*** | |  | | | | | | |
| ***Signature of Candidate :-*** | | | | | | |  | | | | | | | |

***Attach copy of documents for serial no. 3 & 4.***

***Note:- After filling all the information take a print out and make signature on photo and on last page. Make the pdf and then send on email id mentioned.***