Phone No: 83319 97291 Website: http://www.uceou.edu



# University College of Engineering



(AUTONOMOUS)

OSMANIA UNIVERSITY, HYDERABAD - 500 007

Date:06.09.2023

# APPLICATION FORM FOR M.E./M.TECH. REGULAR ADMISSIONS (2023-24) **UNDER SPONSORED CATEGORY**

COUNSELING DATE ON 23.09.2023 AT 02:00 PM @ E-CLASS ROOM, MAIN BUILDING, UCE, OU

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

Department to which Admission is sought:

BME	Civil	CSE	ECE	EE	ME	Mining			
Registration Amount D.D.No. & Dat							.No. & Date/C	ash	Name of the Bank
Faa n	articula	rc•	Rs. 1	000/-					
Cash/Online Payment/D.D. in favour of "Print						ncipal, UCE, OU, Hyd			
For Office Use Only Registration No.									To be filled in by Candidate
1. Department to which admission is sought:							(To be filled in by Candidate)  Full Name of the Candidate.		
2.	Date of Birth:					(In Block Letters)  Mr./Ms.			
3.	Sex: Ma	ıle / Fei	nale						
4.	. Hall Ticket No/Regd.No:						Affix Passport		
5.	GATE/PGECET Rank:							Size	
6.	6. B.E./B.TECH AGGREGATE % OF MARKS					S		Photograph	
Signs	ture of	Scrutin	izina C	<b>Afficar</b>					

#### Signature of Scrutinizing Officer

- 1. Full name of the candidate: Mr./ Ms. (In Block Letters)
- 2. a) Father's / Guardian's Name (if father is not alive): Mr./ Ms.
  - b) Occupation of Father/Guardian
  - Mother's Name
- 3. Permanent Postal Address
- Address for Correspondence 4.

(Note:- Any change in address must be immediately intimated)

(a) Mobile No: (b) E-mail I.D

5.		e of Birth cording to S.S.C. or equivalent)	:	Date	Month	Year	(2020 21)				
6.	Emp	ployment details:-									
	i)	Name & Address of the Employer	:								
	ii)	Designation & Nature of the Employment	:								
	Note	te: (i) Enclose permission letter to pursue the course, without which the admission will not be made. (ii) Enclose certificate of a minimum <b>One year experience as on 31</b> <sup>st</sup> <b>August, 2023</b> reckoned from									

the date of qualifying degree, failing which the application will be rejected.

## 7. Education Qualifications:

Examination	Board/Univ.	Name of the Institution	Division	Aggregate	Month &	Branch of
	& period of	Town/City & Dist		% of Marks	Year of	Engg.
	study				passing	
SSC Or						
Equivalent						
Intermediate						
or equivalent						
Diploma in						
Engineering						
B.E/B.Tech/						
AMIE/AMIE						
TE						
B.Sc.						
MSc./MCA						
or equivalent						
				l		

#### **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

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supplied by	me is found	to be false at any s	tage. Further,	I shall be respo	onsible for paymen	it of fees, an	ıd good
behavior/co	nduct during	the period of my st	udy at the col	lege.			
	C	1	•	C			
Place :							

Date: Signature of the Candidate