



SCHOOL OF PLANNING AND ARCHITECTURE

An "Institution of National Importance" under an Act of Parliament
(Ministry of Education, Govt. of India)
4, Block-B, Indraprastha Estate, New Delhi – 110 002
Tel: 011-23702380–82, Fax: 011-23702383 www.spa.ac.in

Application No.

To,

The Registrar,
School of Planning and Architecture,
4-Block-B, Indraprastha Estate,
New Delhi-110 002

Affix your recent
Passport
size photograph
(self-attested)

Application form for the post of

Particulars of the attached fee payment

Receipt Amount

TID/Receipt No.

Date

1. Name:
(Surname) (Middle) (First)

2. Date of Birth:
Date Month Year

3. Postal Address: Building/ H. No.:
Street/Colony:
City /Town:
Pin: STD Code:
Phone: Mobile:
E-mail

4. Permanent Address: Bldg./H. No.:
Street/Colony:
City/Town:
Pin:

5. Married: Single:

6. Are you seeking reservation as SC/ST/OBC/Physical handicapped?

7. Nationality of:

- a) Applicant
- b) Father
- c) Mother
- d) Husband/Spouse

8. Father's/Husband's:

- a) Name in full
- b) Present Postal address
(if dead give last address)
- c) Profession (if in service give designation and office address)

9. Educational Qualification (from School level):

Year	Examination Passed	Board University	Class/Division	% of Marks

10. Particulars of positions held, (after possessing the prescribed essential educational/ technical qualifications):

Date of Joining Leaving	Designation	Name and address of Employer	Brief Description of Duties / Responsibilities

11. Professional/training experience (Please attach a separate sheet).

12. Referees:

i) a) Name	:	_____	ii) a) Name	:	_____
b) Position	:	_____	b) Position	:	_____
c) Address	:	_____	c) Address	:	_____
	:	_____		:	_____
	:	_____		:	_____
d) E-Mail	:	_____	d) E-Mail	:	_____
e) Phone No	:	_____	e) Phone No	:	_____
f) Fax	:	_____	f) Fax	:	_____

APPLICANT'S DECLARATION

- (a) I hereby declare that the information provided in this form are true to the best of my knowledge and belief. I have satisfies myself that I fulfill all the eligibility requirements.
- (b) I shall submit myself to the 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.
- (c) I agree that the decision of the School on all matters will be final and binding on me.
- (d) I understand that my association active or passive with any unlawful organizations is forbidden.

Date: _____

Signature of the Applicant

(For candidate in Government/Statutory Bodies service only)

Dated: _____

Signature and Designation of the Forwarding authority