



योजना तथा वास्तुकला विद्यालय, नई दिल्ली

(संसद के अधिनियम के तहत राष्ट्रीय महत्व का संस्थान,
शिक्षा मंत्रालय, भारत सरकार)

School of Planning and Architecture, New Delhi

(An Institution of National Importance under an Act of Parliament,
Ministry of Education, Government of India)

APPLICATION FORM FOR PG PROGRAMME, SESSION 2026-27

DEPARTMENT: _____

Paste here
your recent
photograph

1. Payment Particulars:

Details of Payment	Receipt No.	Date	Amount
(i) Amount Paid through:			

2. Name of Candidate (in English)

First Name

Middle Name

Surname

(In Hindi) _____

3. Gender

Male

☐

Female

☐

Transgender

☐

4. Category

Open Gen

SC*

ST*

PWD*

OBC*

EWS*

KM

DS

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Note: - Required to submit essential certificate in the Prescribed format as per Central List of Govt. of India, if applied for reserved seat

5. Nationality

6. Date of Birth

(Date)

(Month)

(Year)

7. Father's Name

8. Mother's Name

9. Permanent Address:

Pin Code: STD Code:

Telephone No. Mobile No.:

Email Id:

10. Address for Communication/
Address of Local Guardian,
If any

Pin Code: STD Code:

Telephone No. Mobile No.

11. Educational Record:

a) Name of qualifying degree

b) Status of Qualifying Degree (i) Passed ☐ (ii) Result awaited ☐

12. Details of Educational Qualification: (X Standards onwards)

Exam/Course passed	Name of the School/University/ College	Year of Passing	Class/Division	Marks Obtained/ Max. Marks	% & CGPA

13. Please tick ☒ or X in the box. Have you qualified: **GATE** ☐ **CEED** ☐

If yes, give detail: _____

CANDIDATE'S DECLARATION

- (i) I hereby declare that the entries in this Form are true to the best of my knowledge and belief. I have satisfied myself that I fulfil all the eligibility requirements.
- (ii) I understand that the admission is granted to me on the terms, conditions and rules of the School and such modifications thereof as may be made by the authorities concerned. I agree to abide by the rules and regulations of the School for the time being in force and such modifications thereof, which may hereafter be made.
- (iii) I agree that the decision of the Director, SPA, New Delhi shall be final and binding on me for all the matters concerning my admission, studies, scholarship, discipline and conduct etc.
- (iv) I understand that my association, active and passive, with any unlawful organization is forbidden.
- (v) I agree that the School shall have the right to forfeit my security deposits on the ground of my failure to claim the refund within two years from the date of withdrawal of my admission/on completion of the course.
- (vi) In the event of my selection, I undertake to submit an affidavit of Anti-Ragging as enclosed with the application form at the time of Admission.
- (vii) **I understand that my admission may be cancelled if any information furnished by me is proved to be false or wilfully suppressed at any stage during my study in the SPA-Delhi.**

Date:

(Signature of the Candidate)

Note: (i) Please attach photocopies of all documents strictly in sequence of checklist.
(ii) Character Certificate, Medical Certificate, Gate/CEED Score Card, Anti - Ragging Affidavit by Candidate and Parent is to be submitted in original.