

|  |  |
| --- | --- |
|  |  |
| **Application Form (No.** **PGD/19-20/Form-1)** ***One year full time Post Graduate Diploma (PGD) Programme (Session: 2019-20)******PGDAMT (Post Graduate Diploma in Advanced Manufacturing Technology)*** |
| **Application Procedure**Application form to be downloaded and filled up. Scanned copy of duly filled up application form along with the printout of payment receipt should be e-mailed to coordinator.cmeri@acsir.res.in so as to reach by **31.05.2019 (i.e., application closing date).**Hard copy of duly filled up application form and payment receipt should be sent to the following address, so that the same reaches before the date of **Aptitude test/ Interview** (**i.e., 08.07.2019**). |
| **Postal Address**The Coordinator, AcSIR CSIR-Central Mechanical Engineering Research InstituteMG Avenue, Durgapur – 713 209 [W.B.] | **Contacts**9434330540 (PGDAMT) | Paste your recent passport size photograph here |
| **Payment of Application Fee (Rs. 200/-)*** Fee can be paid through online mode through SBI portal at

<https://www.onlinesbi.com/sbicollect/icollecthome.htm?corpID=377679>or by visiting https://www.cmeri.res.in -> Opportunity -> Online Payment***Exemption:*** *SC/ST/PWD/Women candidates are exempted from application fee* |
| **Personal Information** |
| Name (in Block Letters) |  |
| Date of Birth |  |
| Nationality |  |
| Gender |  |
| Father’s Name |  |
| Mother’s Name |  |
| Category (SC/ST/OBC/PWD) |  |
| Whether Physically Handicapped (Y/N) |  |
| Address for communication |  |
| Permanent Address |  |
| E-mail ID |  |
| Landline no. and Mobile no. |  |
|  |  |
| **Application Fee Payment Detail** |
| Date of Payment |  | Transaction Id |  |
| Mode of Payment |  | Amount |  |

|  |
| --- |
| **Educational Qualifications (commencing from 10th standard)**  |
| **Examination**  | **Board/University** | **Stream/Major Subject(s)** | **Year of passing** | **CGPA/% marks** | **Evaluation system** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Experience, if any** |
|  |

|  |
| --- |
| **GATE examination Detail** |
| Subject | Registration/Roll no. | Date of examination | Rank/Score | Valid up to |
|  |  |  |  |  |

**Declaration**

I ………………………………………………declare that all the statements made in this application form are true, complete and correct to the best of my knowledge and belief and nothing has been concealed or distorted. I understand that in the event of any information being found false or incorrect at any stage, my candidature/admission is liable to be cancelled/terminated without notice.

Place: (Candidate’s Signature)

Date: