



SCHOOL OF PLANNING AND ARCHITECTURE

An "Institution of National Importance" under an Act of Parliament
(Ministry of HRD, Govt. of India)

4, Block-B, Indraprastha Estate, New Delhi – 110 002
Tel: 011-23702382–80, 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

Application form for the post of

- Name:
(Surname) (Middle) (First)
- Date of Birth:
Date Month Year
- Postal Address: Building/ H. No.:
Street/Colony:
City /Town:
Pin: STD Code:
Phone: Mobile:
E-mail
- Permanent Address: Bldg./H. No.:
Street/Colony:
City/Town:
Pin:
- Married: Single:

6. Nationality of:

a) Applicant

b) Father

c) Mother

d) Husband/Spouse

7. 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)

8. Educational Qualification (from School level):

Year	Examination Passed	Board University	Class/Division	% of Marks

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

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

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

11. 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