



SRINIVASA EDUCATIONAL SOCIETY'S

# PACE INSTITUTE OF TECHNOLOGY & SCIENCES (AUTONOMOUS)

Approved by AICTE, Accredited by NBA & NAAC(A Grade), Recognized under 2(f) & 12(B) of UGC  
Permanently Affiliated to JNTUK, Kakinada. A.P., An ISO 9001:2008 Certified Institution  
NH-16, Near Valluramma Temple, ONGOLE - 523 272, A.P., INDIA, Ph.: 08592 278315, 9581456310 | www.pace.ac.in

## APPLICATION FORM FOR ADMISSION TO FIRST YEAR M.TECH UNDER CATEGORY 'B' SEATS (MANAGEMENT QUOTA) – 2024-25

Application No :

Name of the Candidate :  
(As per SSC)

Father's Name :  
(As per SSC)

Mother's Name :  
(As per SSC)

Gender : Male / Female

Mobile Number :  
(Permanent)

E – mail ID :

Nationality & Religion :

Mother tongue :

Category : Gen(OC)/ OC-EWS/ BC (A - B - C - D - E)/ SC/ ST/ Minority/ Others

Date of Birth : 

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Affix  
Passport  
Size Photo

### Address for Communication

House No :

Street / Locality :

Village / Town / City :

Mandal :

District :

State :

PIN Code :

(P.T.O)

## **ACADEMIC INFORMATION**

State to which the candidate belongs :

Name of the qualifying examination : Degree : Branch :  
(enclose PC & marks memo copy)

Degree / Equivalent HT No. :

Month & Year of Passing :

### **Year Wise Marks in Degree**

<b>I Year</b>		<b>II Year</b>		<b>III Year</b>		<b>IV Year</b>	
<b>Max Marks</b>	<b>Marks Secured</b>	<b>Max Marks</b>	<b>Marks Secured</b>	<b>Max Marks</b>	<b>Marks Secured</b>	<b>Max Marks</b>	<b>Marks Secured</b>

Total Max Marks (MM) :

Total Marks Obtained : Aggregate Percentage :

CGPA (Points) :

**Qualified in GATE-2024** : Yes / No

Hall Ticket Number :

Rank (enclose rank card copy) :

**Qualified in PGECET-2024** : Yes / No

Hall Ticket Number :

Rank (enclose rank card copy) :

**Name of the Branch /  
Specialization opted** :

### **DECLARATION**

I, declare that all the particulars given above are true. I, understand that any particulars given in this application, if found incorrect on scrutiny, will render the application liable for rejection. Admission, if granted on the basis of such incorrect information, will stand cancelled.

Date:

Signature of the Applicant

**For office use only :**

Branch/Specialization allotted :

Authorized Signatory of the College