

Doon College of Engineering & Technology

Approved by AICTE, Min of HRD, Govt. Of India

Affiliated to U.P. Technical University Lucknow(U.P)

NH 72-A, Delhi-Dehradun Road, Sunderpur Distt. Saharanpur (U.P).

Registration Form

college Code : 426

1002
1. Personal Data:

Name _____

Date of Birth Tick (V) Male Female Blood Group | |
DD MM YY

Nationality _____

Present Address _____

State _____ Pin Code _____ E-mail _____

STD Code. _____ Tel. No _____ Mob. No. _____

Permanent Address _____

State _____ Pin Code _____

STD Code. _____ Tel. No _____ Mob. No. _____

Mother's Name _____ Occupation _____ Organization _____

Father's Name _____ Occupation _____ Organization _____

Office Address _____

STD Code _____ Phone No. _____ Mob. No. _____

Cash / Draft No. _____ Amount _____ Dated _____

2. Course Adopted:

B. Tech

- 2.a Preference of Branch
- Computer Science & Engineering
 - Electronics & Communication Engineering
 - Information Technology
 - Electrical & Electronics Engineering*
- in B. Tech
- (Write 1,2,3,4,5)

3. AIEEE Rank / U.P-CET/AIEEE (U.P State rank)/U.K-AIEEE Rank / & Other Entrance Exam (Lateral Entry) and Year Direct Admission to Diploma Engineers) _____

4. Qualification

S.No.	Examination	Subject	Year of Passing	Marks Obtained	Max. Marks	%age
1.	High School (10th)					
2.	Intermediate (10+2)					
3.	Diploma in Engg /Technology					
4.	Graduation / Equivalent					

Declaration

I _____ hereby certify & confirm that the information filled in the Application Form is complete and accurate in all respects, I understand and agree/commit that misrepresentation or admission of facts will justify denial of admission/cancellation of admission/expulsion from the institute.

If at any stage it is found I do not fulfill the minimum prescribed eligibility criteria of the University my admission granted by the Institute be cancelled and I will have no right/claim towards the Institute.

I declare that information furnished by me in the application form is true in all respects and in case any entry or information is found to be false, this shall automatic cancellation of my admission besides rendering me liable to such action as the University may deem proper. I hereby undertake that I have carefully gone through the eligibility conditions prescribed in the prospectus (Website_) for the program I am applying for and shall appear in the entrance examination/Direct counseling of the Institute after satisfying myself that I do fulfill the same.

Date Place

STD Code Tel. No.

Fax No.

Parent's Signature _____

Student's Signature _____

Name _____

Form No. _____ For office use only

Name of Student _____ Course _____

Father's Name _____ Address _____

Checked by _____ Cleared by _____

Name & Signature _____ Name & Signature _____



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E- Mail: info@dcel.org Web Site: www.dcel.org

Phone No. 0132-2784843, Fax No. 0132-1784787 Mobile: 09412007104/9412057738

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Admission Form

College Code : 426

1. COURSE/
BRANCH/SPECIALIZATION

2. NAME _____
(In Capitals)

3. FATHER'S NAME _____ Mob. _____
(In Capitals)

4. MOTHER'S NAME _____ Mob. _____
(In Capitals)

5. DATE OF BIRTH _____
(In Capitals)

6. Sex Tick (V) M F Blood Group

7. CATEGORY Gen ST SC OBC Any Other (Certificate to be deposited)

1. Address for Correspondence _____
_____ Phone No. (With STD code) _____

2. PermanentAddress _____
_____ Phone No. (With STD code) _____

3. Types of Seat General _____ NRI _____ E-Mail _____

For B. Tech

1. AIEEE Roll No. _____ SEE-U.P Rank _____
AIEEE Rank _____ State Rank a(General) b(Category)

AIEEE UA Rank _____ Other (IfAny) _____

1. Hostel Required (Yes) (No) 2. Transport Required (Yes) No

ACADEMIC RECORD (FROM X Std. Onwards)

Examination Passed	Name of the Univ. / Board	Main Subjects	Year of Passing	%age of marks	Division / Grade

For Candidates who have not got the result of 10+2 / graduation (as required) and have provisionally given the examination will have to submit mark sheet within 30-09-08. In case of failure in prescribed exam admission will be null and void and will be cancelled without refund of fees deposited.

Check List of Enclosures to be Submitted at the time of Admission

- X Std. Certificate
- 10+2 Certificate
- Marksheet of 10+2
- Diploma Marksheet
- Degree Marksheet
- Degree Certificate
- Diploma Certificate
- Character Certificate from institute last attended.
- Certificate in support of claim under-reserve category (SC/ST/OBC/any other).
- AIEEE rank card / Diploma rank card / UP-CET/Any other card if required
- Any other claim made (please specify if any)
- Medical Fitness certificate indicating that the candidate is not suffering from any contagious disease, chronic disease and having critical illness in the past or at present.
- Transfer and Migration Certificates.

Declaration By The Student

- I agree to observe and abide by all the rules and regulations, (amended from time to time) of the institute in respect to courses of study, syllabi, scheme of examination, discipline & conduct, dues and related matters.
- I will not organize or take part in any strike / demonstration / unlawful activity and ragging.
- I also understand that for any violation or infringement of the institute rules and regulations, disciplinary action will be taken against me by the authorities.
- I have never been involved in any criminal offence and no case is pending against me in any court of law.
- I hereby certify that the information given above by me in this form is true to the best of my knowledge and nothing has been concealed. In case any wrong information is detected later on, I understand that my admission will be cancelled.
- I will strictly abide by the rules and regulations framed by Dr. Rajendra Prasad Memorial Educational Society and Doon College of Engineering & Technology for disciplinary matter and I will be liable for punishment in case of any violation of rules both within and outside the campus.

Date: _____

Signature of the student

Undertaking by the parent / guardian

- I hereby undertake to make payment of all fees and dues on behalf of my son / daughter / ward _____ (Name of the student) to the institute by the prescribed dates. I am aware that any delay on my part in payments may invoke imposition of fines. I take full responsibility for the good behavior of my ward and fully agree with his / her above declarations.
- In case of any violation of any rules of the institution, I understand that my ward may be suspended expelled or prescribed action will be taken against him / her as per college rules, by the disciplinary committee of the college.
- For any statutory matters the rules given by Govt. of Uttar Pradesh shall be applicable,
- Any disputes are subject to Saharanpur court Jurisdiction only.
- Fees once paid is not refundable under any circumstances at all.

Date: _____ Signature of the student

(For Office Use Only)

Particulars & Certificates verified & found correct.

Demand Draft No. _____ Date _____ Bank _____ payable at Dehradun

Amount in words and figures for admission to B.Tech Courses. Rs. _____

(Rs. _____)

(Dealing Official)

(Admission in charge)

Principal

DATE OF ADMISSION: _____



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Phone No. 0132-2784843, Fax No. 0132-1784787 Mobile: 09412007104/9412057738

Admission Form for Hostel Accommodation for B. Tech.

Batch _____ Year _____

1. Name of the student (in capitals) _____
2. Date of Birth _____ Blood Group _____ E-mail _____
3. Father's Name _____
4. College Roll No. _____
5. Branch / Specialization _____
6. Father's / Guardian Occupation and income (Rs. per Year) _____

7. Permanent address _____

- Ph. No. (With STD code) _____ Mobile _____
8. Name Occupation and Address of the local guardian _____

- Tel. No.: Resi. _____ Office _____ Mobile _____
9. Do you belong to SC/ST/OBC/ Yes No (Attach Certificate)
10. Extra Curricular Activities / Hobbies _____

DECLARATION

I, solemnly declare that the information given above is correct and nothing has been hidden. In case, I cease to be a student of the class mentioned above or become ineligible for hostel accommodation, I shall inform the warden immediately and leave the hostel. I have sought admission to the hostel with the consent of my Parents/Guardian. I shall abide by all the rules and instructions issued from time to time by the Warden / Principal / Other competent authority of the institute and shall clear all my hostel dues regularly. I understand that in case of any violation of hostel rules, I may be expelled from the hostel, which any question / dispute from my side.

Signature of father / Guardian

Signature of Candidate

(FOR USE BY THE OFFICE OF THE PRINCIPAL)

The applicant is the bonafide student of course _____ in the college.

Principal

(FOR USE BY THE WARDEN)

Admitted Roll NO. _____ Room No. _____

Warden _____

Medical Fitness Certificate

I certify that I have carefully examined Sh. /Km. _____

Son / Daughter of Shri. _____

His / Her age is about _____ His chest measurement is:

Unexpanded _____ cm.

Expanded _____ cm.

Blood Group: _____

His / her eyesight is upto the prescribed standard.

Details of glasses, (if worn) _____ He / She has not been suffering from any contagious disease, chronic disease and serious illness from the past at present.

Marks of Identification

Thumb Impression

Dated: _____

Paste Passport
size photograph
first with
gum and then get
attested by
M.O. conducting
medical test

(Signature of Gazetted Medical Officer)

Official Seal

Signature of Candidate



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To Whom It May Concern

This is to certify that **Mr./Ms.**.....S/o/D/o

Sh.....R/o.....

.....is a bonafide student of Four Years B. Tech.....

Degree course at this Institute. It is approved by AICTE, Ministry of HRD, Govt. of India and Affiliated to U.P Technical University, Lucknow.

Dr. Shiv Singh

Director

DCET

Recent Photograph
of Student

College Stamp
ON PHOTO
Attested by
Director
DCET



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For Identity card Use

(To be assigned by the office)

Class Roll No. _____

Name _____

(In block letters according to 10 +2 certificates)

Father's Name _____

Date of Birth _____ Sex: Male _____ / Female _____

(According to Matric Certificate)

Permanent Address _____

Recent Photograph
of Student

Ph. No. (With STD code) _____ Mobile _____

Signature of father / Guardian

Signature of Candidate