





# Engineering Council of India

801, Hemkunt Chambers, 89, Nehru Place, New Delhi-110019

Phone: +91 11 41783281

Email: [eci@ecindia.org](mailto:eci@ecindia.org), [ecipenationalregister@gmail.com](mailto:ecipenationalregister@gmail.com), Website: [www.ecindia.org](http://www.ecindia.org)

## Registration Form for Senior Professional Engineer (SrPE)/ Professional Engineer (PE)

### APPLICATION FORM INSTRUCTIONS FOR FILLING THE FORM

- Form should be downloaded from the website [www.ecindia.org](http://www.ecindia.org), the soft copy filled in and then emailed to [ecipenationalregister@gmail.com](mailto:ecipenationalregister@gmail.com) in word format only, and a printout of the filled form taken.
- The above printout should be sent to the concerned member association of ECI or directly to ECI along with the self-attested copies of the relevant documents.
- All the details, as required in the form, are essential and need to be provided, except for points no 3,7, 8 and 9. In these cases, if no details are available, then simply write as Not Applicable/Nil.
- Correspondence address implies the location at which you would like to receive your letters/certificate.
- At point 5, description of Branch in Engineering implies the Engineering Branch in which you have qualified and would like to register.
- At point 6, Field of Specialisation/s implies the fields or the sectors or areas in which you specialise in. A note outlining justification is to be attached.
- At point No. 10, It is essential that the two references are reputed engineers and who are known in society. They should be willing to vouch for you.
- Checklist at the end should also be filled in.

### Section-A

(Personal Particulars)

Shri  
Mr.  
Ms.  
Mrs.  
Dr.  
Er.  
Brig.  
Col.  
Maj.  
Gen.

Date of Birth (must be as per your High School Certificate)

Date

Month

Year

1.1	Name (In Gen. ers) [Name must be the same as in Engineering Degree/Diploma certificate or equivalent]			
	Title/ Salutation	First Name	Middle Name	Last Name
	DR.	SANJAY	KUMAR	KADAM
1.2	Date of Birth (dd/mm/yyyy)		05 10 1977	Paste Passport Size Photograph here
1.3	Place of Birth (City)		KANERI (KOLHAPUR)	
	(Country)		INDIA	
1.4	Nationality		INDIAN	
1.5	Male <input type="checkbox"/>	Female <input type="checkbox"/>	[Tick on the appropriate Box]	
1.6	Single <input type="checkbox"/>	Married <input type="checkbox"/>	[Tick on the appropriate Box]	
				Photograph

Official Postal address of the place of work

Designation in present organisation

Current Employer's Website address

Name of the organization where you are working at present

<b>1.7 Current Employment Particulars:</b>							
<b>Name of Present Organisation / Work Place</b>		HONDA VEHICLE MANUFACTURERES LIMITED					
<b>Designation</b>		MANAGER – (UTILITIES PLANNING-PROJECTS)					
<b>Address:</b>		PLOT NO. X-1,PHASE IV,CHAKAN MIDC AREA,VILLAGE – NIGHOJE, TAL: KHED					
<b>City</b>		CHAMAN					
<b>District</b>		DHULE					
<b>State</b>		MAHARASHTRA					
<b>Country</b>		INDIA					
<b>Pin Code</b>		4XXXX1					
<b>Country Code</b>	91	<b>STD Code</b>	011	<b>Telephone No.</b>	4XXXXXX7		
				<b>Fax No.</b>	4XXXXXX8		
				<b>Mobile No.</b>	9XXXXXXXX1	9XXXXXXXX2	
<b>E-mail Id.</b>		abc.xyz@xyz.com			abc@yahoo.co.in		
<b>Website</b>		www.xyz.com					

Current Residential Address

Name of the District

Where you are currently located for working

Name of the Current City/Village

<b>1.8 Correspondence Address: (to intimate the any change of address, at the earliest)</b>							
<b>Name:</b>		DR. DEEPAK KUMAR KADAM					
<b>Address:</b>		FLAT NO., BUILDING NO-BUILDING NAME, FLAT NO., NAME OF THE ROAD, NAME OF LACALITY					
<b>City</b>		CHAMAN					
<b>District</b>		DHULE					
<b>State</b>		MAHARASHTRA					
<b>Country</b>		INDIA					
<b>Pin Code</b>		4XXXX1					
<b>Country Code</b>	0091	<b>STD Code</b>	022	<b>Telephone No.</b>	272XXXX1		
				<b>Fax No.</b>	272XXXX2		
				<b>Mobile No.</b>	9XXXXXXXX0	9XXXXXXXX1	
<b>E-mail Id.</b>		xyz@abc.com			xyz@abc.com		
<b>1.9</b>	<b>Nearest District Head Quarter where you are located</b>				NAME OF THE DISTRICT		

Please provide the **self-attested copies** of all educational certificates as per instruction no.-2.

## **Section-B**

(Educational Qualification and Professional Experience)

<b>2. Engineering Qualification(s) for Registration</b>						
	<b>Engineering Qualification/s</b>	<b>Institute/University</b>	<b>Engineering Discipline</b>	<b>Sub-discipline</b>	<b>Year of Joining</b>	<b>Year of Completion</b>
1.	DIPLOMA	GOVERNMENT POLYTECHNIC, KOLHAPUR	MECHANICAL ENGINEERING	MECHANICAL ENGINEERING	19XX	19XX
2.	Bachelor of Engineering (B.E.)	INDIAN INSTITUTION OF INDUSTRIAL ENGINEERING, MUMBAI.	INDUSTRIAL ENGINEERING	MECHANICAL ENGINEERING	20XX	20XX
3.						
4.						
5.						

Please provide the **self-attested copies** of all educational certificates as per instruction no.-2.

<b>3. Other non-engineering Post Graduation professional qualifications</b>						
	<b>Qualification/s</b>	<b>Institute/University</b>	<b>Disciplines</b>	<b>Sub-discipline</b>	<b>Year of Joining</b>	<b>Year of Completion</b>
1.	PH.D.	XYZ UNIVERSITY, PUNE	GENERAL MANAGEMENT	ENERGY MANAGEMENT	20XX	20XX
2.	MBA	XYZ, NEW DELHI	OPERATIONS MANAGEMENT	OPERATIONS MANAGEMENT	20XX	20XX
3.	CERTIFIED ENERGY MANAGER	BUREAU OF ENERGY EFFICIENCY,INDIA	ENERGY MANAGEMENT	ENERGY MANAGEMENT	20XX	20XX
4.	INDIAN GREEN BUILDING COUNCIL ACCREDITED PROFESSIONAL	INDIAN GREEN BUILDING COUNCIL	GREEN BUILDING	GREEN BUILDING	20XX	20XX

Please provide the **self-attested copies** of all experience certificates

Brief Description of Responsibilities as per your work profile

#### 4. Professional Experience:

Describe your experience in the following format, for each period of your employment / involvement in retrospective order i.e. starting from present position in descending sequence without any gap in experience and if any gap in experience please provide the details of that period. If self-employed, write self-employed under Position, and give details of experience. **Please also underline the experience in a responsible position of significant engineering activity.**

S. No.	From	To	Position	Organisation	Brief Description
1.	APRIL 20XX	TILL DATE	MANAGER- UTILITIES PLANING-PROJECTS	XYZ MANUFACTURERES LIMITED, CHAKAN, PUNE.	AUTOMOBILE MANUFACTURING INDUSTRY INFRASTRUCTURE PLANNING, DESIGNING,PROJECT EXECUTION,COMMISSIONING,OP ERATION AND MAINTENANCE,ENERGY MANAGEMENT
2.	JULY 20XX	APRIL 20XX	DEPUTY MANAGER- TOTAL FACILITY MANAGEMENT	ABC LIMITED, BANGLORE	FACILITY MANAGEMENT OF XYZ INDIA PVT. LTD., OPERATION & MAINTENANCE OF AUTOMOBILE MANUFACTURING FACILITY, ENERGY MANAGEMENT
3.	OCT. 20XX	JUNE 20XX	DEPUTY MANAGER- ENGINEERING	ABC INTEGRATED SERVICES PVT. LTD.	FACILITY MANAGEMENT OF XYZ PHARMACEUTICALS LTD., OPERATION & MAINTENANCE OF PHARMACEUTICALS MANUFACTURING FACILITY, ENERGY MANAGEMENT
4.	JAN. 19XX	AUG. 20XX	JR. ENGINEER	ABC LIMITED, AMBOLI.	PROJECT AND MAINTENANCE OF FULLY AUTOMATIC FOUNDRY UNIT.

Write the Discipline/ Branch of Engineering for which you want to get certificate

#### 5. State Discipline/ Branch of Engineering, which is to be registered:

**MECHANICAL ENGINEERING**

#### 6. Field of Specialisation(s) [Maximum Four]

Specify fields discipline of specialisation(s) and its sub-discipline, under which you would like to be registered. **A note outlining justification is to be attached. RESUME ATTACHED.**

**Note: You have to complete the CPD requirements for each category of specialisation individually.**

1.	Structural Engineering
2.	Energy Management

3.	
4.	

Name of the Institution e.g. The Institution of Electronics and Telecommunication Engineers

**Section-C**  
(Others)

**7.0 Name and Category of Membership in Engineering - related Professional Institutions / Associations / Societies**

S.N.	Name of Association	Category of Membership	Discipline	Sub-discipline	From	To
1.	NAME OF THE INSTITUTION	ASSOCIATE MEMBER (AMIE) MEMBERSHIP NO.	MECHANICAL ENGINEERING	MECHANICAL ENGINEERING	YYYY	TILL DATE
2.	NAME OF THE INSTITUTION	CHARTERED ENGINEER (C.Eng.)	MECHANICAL ENGINEERING	MECHANICAL ENGINEERING	YYYY	TILL DATE
3.	NAME OF THE INSTITUTION	MEMBER- No.	HVAC	HVAC	YYYY	TILL DATE

**8. Executive Development Programme/Training Programme/ Conferences, Seminar, Workshop, Technical Presentations Attended / Participated**

S.No.	Title/Subject	Duration	Nature of Participation	Conducting Organisation
1.	DOING THE THINGS IN PROJECT MINDSET	2 DAYS	PROJECT MANAGEMENT PROFESSIONAL	XYZ PROJECT MANAGEMENT INSTITUTE
2.	ADVANCED TRAINING ON GREEN BUILDINGS	2 DAYS	GREEN BUILDING PROFESSIONAL	ABC COUNCIL

**9.0 Books/Articles/Research/Technical Reports written/ Talks/Programmes conducted by Candidates**

S.No.	Title	Date	Subject	Published by/Conducted at
1.	"Barriers in implementation of Energy Efficient Technologies in Selected Automobile Industries in Pune"	05.01.1968	Barriers in implementation of Energy Efficient Technologies	International Journal of ABC Research and Management (XXXX), Volume 2, Issue 9, September YYYY, pp. 0000-0000, ISSN (e): 0000-0000 ( <b>Impact Factor: 0.000</b> )
2.	"Opportunities for Energy Efficiency in Industrial Utilities"	20.05.1975	Energy Efficiency in Industrial Utilities	Matrix Business Review, Research Journal, Volume 1, Issue 1, February YYYY – August YYYY, Matrix Business School, Pune, pp. 00-000 (ISSN 0000-0000)
3.	"Energy Audit- A tool for Energy Management"	25.10.1986	Energy Audit	ABC, XYZ's management Research journal, Volume- XX, Issue – 0, January YYYY – June YYYY, Shri ABC, XYZ, Pune, pp. 00-00. (ISSN Number: 0000-0000).

4.	Delivered "Talk" as a Chief Guest on the occasion of State Level Technical Research Paper Competition.	12.11.2010	Expectation from Engineering Diploma holders by industries.	Government Polytechnic , Kolhapur
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Names of the two engineer referees who must be either registered Professional Engineer with ECI or Reputed engineer with minimum 7 years of work experience in a respectable position, please provide the complete contact details of referees

#### 10. I am known to the following two referees (engineers):

1.	<b>Name</b>	NAME OF THE PERSON WITH TITLE
	<b>Address</b>	CURRENT CORRESPONDANCE ADDRESS OF THE PERSON
	<b>E-mail</b>	xxx@abc.com
	<b>Telephone No.</b>	COUNTRY CODE – STD CODE – TELEPHONE NO.
	<b>Mobile No.</b>	98XXXXXXXX6 [10 DIGIT MOBILE NO.]
	<b>Knows since (Period)</b>	NO OF YEARS
2.	<b>Name</b>	NAME OF THE PERSON WITH TITLE
	<b>Address</b>	CURRENT CORRESPONDANCE ADDRESS OF THE PERSON
	<b>E-mail</b>	xxx@abc.com
	<b>Telephone No.</b>	COUNTRY CODE – STD CODE – TELEPHONE NO.
	<b>Mobile No.</b>	98XXXXXXXX6 [10 DIGIT MOBILE NO.]
	<b>Knows since (Period)</b>	NO OF YEARS

Please provide the copy of the proof in case of NEFT/online transfer and mention here

#### **Section-D** (Payment Details)

#### 11. Registration Fees- Bank transfer/draft/Pay order in the name of **Engineering Council of India** (Account details will be given on request)

Amount in Rs.	Multi city Cheque / Bank draft no /NEFT/online transfer/Cash	dated	Bank
Rs.3450/-	000030	10.02.2016	SYNDICATE BANK CHAKAN

- Fee:** The initial registration fee will be Rs. 3000 for PE, Rs. 2000 for APE, Rs 2000 for ApE/GE, Rs 2000 for JrApE, Rs 1000 for SE and Rs. 1000 for DipSE. The fee structure is subject to change in future. The registration is subject to renewal after 5 years. **(Note: - 18% GST extra, and needs to be added to the Registration Fee payable)**
- The DD/Cheque of the fee will be in favour of "Engineering Council of India" payable at New Delhi
- The **NEFT details** for on-line payment are:
  - Name: **Engineering Council of India**
  - Bank: **HDFC Bank Ltd., Nehru Place Branch, New Delhi**
  - IFSC code: **HDFC 000 1374**
  - Bank branch code: **1374**
  - S/B A/c no. - **1220 10 000 197 56**
- The fee is non-refundable

#### 12. Declaration:

- I agree to abide by, the professional Code of Ethics established by Engineering Council of India, and to be held individually accountable for my action.
- I undertake to send reports of Professional Experience and Continuing Professional Development as on 31<sup>st</sup> March of each following year regularly so as to reach ECI by 30<sup>th</sup> June.
- I agree that decision of the ECI on Registration and Termination shall be acceptable & binding on me.
- I hereby confirm that the contents of the items described in this application documents are true and correct.

**Enclosures:**

1. One passport size photo
2. Self-attested copies of all Educational Qualification Certificates
3. Self-attested copies of all Certificates of membership of Professional Bodies
4. Registration Fee (Multi city Cheque/Bank Draft/NEFT details).
5. Names and details of the two referees.

Take the printout of this form and sign here

Applicant's Signature: \_\_\_\_\_

Applicant's Name: **DR. SANJAY KUMAR KADAM**

Place : **PUNE**

Date: **10.02.2016**

**Please send to: -**

**Engineering Council of India  
801, Hemkunt Chambers; 89, Nehru Place; New Delhi (India) -110019  
E-mail: [ecipenationalregister@gmail.com](mailto:ecipenationalregister@gmail.com), [eci@ecindia.org](mailto:eci@ecindia.org)**

Take the printout of this form and send the hard copy along with the relevant documents on the given address



Checklist should be filled carefully and completely, and sent along with the form

### Check List

- |  |   |   |   |                             |    |
|--|---|---|---|-----------------------------|----|
| 1) Name  |   | <input type="checkbox"/>                | <input checked="" type="checkbox"/> Yes | No                          |    |
| 2) Photo.  |   | <input type="checkbox"/>                | <input checked="" type="checkbox"/> Yes | No                          |    |
| 3) Date of Birth   |   | <input type="checkbox"/>                | <input checked="" type="checkbox"/> Yes | No                          |    |
| 4) Gender  |   | <input type="checkbox"/>                | <input checked="" type="checkbox"/> Yes | No                          |    |
| 5) Married Status  |   | <input type="checkbox"/>                | <input checked="" type="checkbox"/> Yes | No                          |    |
| 6) Organisation name, address and contact Details  |   | <input type="checkbox"/>                | <input checked="" type="checkbox"/> Yes | No                          |    |
| 7) Position in Organisation  |   | <input type="checkbox"/>                | <input checked="" type="checkbox"/> Yes | No                          |    |
| 8) Correspondence Address and Contact Details  |   | <input type="checkbox"/>                | <input checked="" type="checkbox"/> Yes | No                          |    |
| 9) Engineering Qualification/s-Details entered in <b>Section-B at point no. 2.0</b>  |   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/>                | No                          |    |
| 10) Self Attested photocopies of Engineering Qualifications – <b>Attached</b> -  |   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/>                | No                          |    |
| 11) Other Non-Engineering Professional qualifications-<br>Details entered in <b>Section-B at point no. 3.0</b>             | - | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/>                | No                          |    |
| 12) Self Attested photocopies of the other<br>Non-Engineering Professional Qualifications – <b>Attached</b>                | - | Yes <input type="checkbox"/>            | <input type="checkbox"/>                | No                          |    |
| 13) Membership in engineering related professional bodies-<br>Details entered in <b>Section-C at point no. 7.0</b>         | - | Yes <input type="checkbox"/>            | <input type="checkbox"/>                | <input type="checkbox"/> No | NA |
| 14) Self Attested copies of the certificates of Membership in<br>engineering related Professional bodies – <b>Attached</b> | - | Yes <input type="checkbox"/>            | <input type="checkbox"/>                | <input type="checkbox"/> No | NA |
| 15) Recognised Training Program, Conferences, Seminar etc.   | - | Yes <input type="checkbox"/>            | <input type="checkbox"/>                | <input type="checkbox"/> No | NA |
| 16) Books/ Articles/Research/Technical reports<br>written/ talks/programmes conducted                                      | - | Yes <input type="checkbox"/>            | <input type="checkbox"/>                | <input type="checkbox"/> No | NA |
| 17) Professional Experience. In <b>Years</b>   | - | No of Years-----                        |   |                             |    |
| 18) Experience in a responsible position of<br>Significant Engineering Activity, <b>in years</b>                           | - | No of Years-----                        |   |                             |    |
| 19) Discipline /Branch of Engineering for registration as<br>Professional Engineer.  | - | Yes <input type="checkbox"/>            | No <input type="checkbox"/>             |                             |    |
| 20) Sub-Discipline of Engineering Specialisation, for registration<br>as Professional Engineer.                            | - | Yes <input type="checkbox"/>            | No <input type="checkbox"/>             |                             |    |
| 21) Registration Fee. <b>Amount in Rupees</b>  | - | Yes <input type="checkbox"/>            | No <input type="checkbox"/>             | Amount Rs: _____            |    |
| 22). Two Referees  | - | Yes <input type="checkbox"/>            | No <input type="checkbox"/>             |                             |    |

### IMPORTANT

#### **In addition, please note:**

The GST, presently @ 18.0%, is also applicable on the registration fee, which you need to add to the fee payment, being made to ECI.

- Yes  No