अभियांत्रिकी महाविद्यालय भरतपुर

(राजस्थान तकनीकी विश्वविद्यालय, कोटा का संगठक महाविद्यालय)

श्योराना- सेवर, एन.एच.-21, भरतपुर (राज.)-321303

website : www.ecbharatpur.ac.in email :- principal.gecbharatpur@gmail.com No. 05644-234911

राजकीय अभियांत्रिकी महाविद्यालय भरतपुर में बी.टैक. प्रथम वर्ष एवं द्वितीय वर्ष (Lateral Entry) में रिक्त सीटों पर सीधे प्रवेश प्रक्रिया राजस्थान सरकार के निर्देशानुसार संचालित है।

Special Round (DIRECT ADMISSION) (सत्र 2026-27)

B.Tech. Course	Eligibility		Registration Date	Date of Counselling & Time	College Fee per annum
• Computer Science & Engineering • Civil Engineering • Mechanical Engineering • Electrical Engineering • Electronics & Communication Engineering • Artificial Intelligence & Data Science	B.Tech 1st Year (REAP)	JEE Mains (Min. 20 percentile) / 12th (min. 45% in PCM or 40% for reserved category)	Upto 14.08.2026 (10:00 am)	14.08.2026 10:00 am to 01:00 pm	60,000/-
	B.Tech 2nd year (LEEP)	Min. 3 yrs/ 2 yrs (Lateral Entry) Diploma Examination with at least 45% marks / 40% marks for reserved category in any branch of engineering and Technolony.	Upto 14.08.2026 (10:00 am)	14.08.2026 10:00 am to 01:00 pm	60,000/-

1. अभ्यर्थी महाविद्यालय की वेबसाईट www.ecbharatpur.ac.in से आवेदन फॉर्म डाउनलोड कर, तत्पश्चात उसको भरकर मय दस्तावेज की PDF फाईल बनाकर महाविद्यालय की एडमिशन ई-मेल आईडी पर proctor.gecbharatpur@gmail.com भेज सकते है अथवा महाविद्यालय आकर भी आवेदन कर सकते है।
2. सीट आवंटित अभ्यर्थी को निर्धारित फीस (35000/- + 885/-) एवं मूल दस्तावेज उसी समय जमा करवाने होंगे।

In campus "i-start"& "RCAT" center of Government to facilitate startup projects and state-of-art trainings for college students. Excellent placements & internships opportunities

Smart Class Rooms, Scholarships, MoUs, Wi-Fi Campus, Hostel Facility, Coding, Soft Skill trainings, Best faculty & Staff

रजिस्ट्रेशन फार्म भरने के लिए मार्गदर्शन हेतु महाविद्यालय में हैल्प डैस्क संचालित है।

सम्पर्क सूत्र : 9461078188, 9314281988, 8949685650, 05644-234911

प्राचार्य

ENGINEERING COLLEGE, BHARATPUR

(A Constituent College of Rajasthan Technical University Kota)

Village Shyorana, Near NH – 21, Bharatpur – Rajasthan, 321303

website: www.ecbharatpur.ac.in email: principal.gecbharatpur@gmail.com

Lateral Entry in Engineering Programme (LEEP) -2026
Direct Admission (Spot Round)
Registration Form

1	Name of Candidate		
2	Father's Name		
3	Mother's Name		
4	Gender		
5 (a)	Category		5 (b) **EWS : Yes / No**
6	Date of Birth		
7	Residential Address		
8	Email Id:		
9 (a)	Mobile No.	9 (b) Guardians:	
10	State of Bonafide Residence		

11. Qualifying Examination Details:

Exam Details	Appearing/ Passed	Board/ University	State of Study	Year	Max. Marks	Marks Obtain	%
10th (X)							
Diploma or B.Sc							

12	Registration Fee Detail		
S.N.	**Transaction/Reciept No.**	**Date**	**Amount**

14. PREFERENCE ORDER OF BRANCH

1……..……**2**……..……..**3**……..……

12. Documents to be enclosed: (self attested scanned/photocopies)

(a) 10th Marksheet (b) Diploma or B.Sc Marksheet (c) Domicile Certificate (d) Caste Certificate, if applicable (e) proof of registration fee, if applicable (g) EWS Certificate, , if applicable.

Signature of the candidate

Lateral Entry Engineering Process – 2026

FORM OF MEDICAL FITNESS CERTIFICATE

(To be produced at the time of reporting in the allotted institute)
(Kindly issue this certificate only when the candidate is fit according to the standards given below)

I/Dr. _____ (Name & Designation) Posted In _____
(Name of Hospital & Place) certify that I have carefully examined _____
(Name of Candidate) S/o. / D/o. Shri _____ whose photograph attested by me is affixed-here with. As a result of his/her medical examination, I have discovered nothing that may disqualify him/her from admission to undergraduate degree courses in Engineering Institutions of Rajasthan according to the standards of medical fitness prescribed below.

I have to further report that:
He/She has no disease or mental or bodily infirmity making him/her unfit or likely to make him/her unfit in the near future for active outdoor duty, as an Engineer.

Marks of identification: _____

Photograph must be attested

Photograph of candidate duly attested

Signature of Candidate

Dated: _____

Signature of Medical Officer
Seal of Designation and Hospital