


Application No.		Registration No.						
 C.M.S. COLLEGE OF ENGINEERING & TECHNOLOGY (Affiliated to Anna University, Chennai, Approved by AICTE, New Delhi) (Accredited by NAAC – ‘A’ Grade, ISO:9001:2015 Certified) COIMBATORE – 641 032.					Affix passport Size photo			
Application Form for Admission to B.E Courses								
(All entries in capital letters)								
1.	Name of the Applicant							
2.	Branch							
3.	Quota		MQ <input type="checkbox"/>	GQ <input type="checkbox"/>	If GQ	FG <input type="checkbox"/>	PMSS <input type="checkbox"/>	7.5% <input type="checkbox"/>
4.	Gender		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>			
5.	Date of Birth		DD <input type="checkbox"/>	<input type="checkbox"/>	MM <input type="checkbox"/>	<input type="checkbox"/>	YY <input type="checkbox"/>	<input type="checkbox"/>
6.	Religion & Caste							
7.	Nationality							
8.	Community		OC	BC	MBC/DNC	SC	ST	
9.	Blood Group							
10.	Aadhar Number							
11.	Email id							
12.	Father's/Guardian's Name (State relationship)							
13.	Mother's Name							
14.	Parent Occupation							
15.	Family Income per annum							
16.	Mother Tongue							
17.	Languages Known							
18.	If, Physically handicapped, specify							
19.	Are you son/daughter of ex-service man		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
20.	Name & Location (District of School last studied)							
21.	Is Hostel Accommodation required?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
22.	Transportation		College Bus	<input type="checkbox"/>	Own Vechile	<input type="checkbox"/>		
			Boarding Point:					

23.	Permanent Address and Telephone Numbers with STD Code Pin : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Parent Mobile Number: Student Mobile Number:	Address for communication and Telephone Numbers with STD Code Pin : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Parent Mobile Number: Student Mobile Number:			
24.	Address and Phone Number of the Local Guardian if any				
25.	Studied VIII,IX,X,XI,XII Standard in Tamilnadu	<input type="checkbox"/> Yes <input type="checkbox"/> No			
26.	Details of Qualifying Examination Passed *				
	Subject	Marks Obtained	Max Marks	Month & Year of Passing	No. of attempts
	Total			Overall Percentage	

DECLARATION

The above information is true and correct to the best of my knowledge. I agree to be governed by the rules and regulations of the college

SIGNATURE OF THE PARENT/GUADIAN

SIGNATURE OF THE APPLICANT

Place:

Date:

FOR OFFICE USE ONLY

Certificates Verified (Put Tick Mark)

Date of Admission:

- 1. 10th Mark sheet
- 2. 12th Mark sheet
- 3. Transfer Certificate
- 4. Conduct Certificate
- 5. Community Certificate
- 6. First Graduate
- 7. Migration Certificate
- 8. Income Certificate

Name & Signature of the staff who processed the application :

Name & Signature of the Head of the Department :

PRINCIPAL