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|--|---|---|--------------------------------|---------------------------------|---|----------------------------------|----------------------------------|---------------------------------|---------------------------------|
| Application No. | | Admission Date: | | Affix passport Size photo | | | | | |
|  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. | | | | | | | | | |
| Application Form for Admission to B. E / B.Tech Courses 20 -20 | | | | | | | | | |
| 1. | Name of the Applicant (IN BLOCK LETTERS) | | | | | | | | |
| 2. | Course Applied | | | | | | | | |
| 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"/> | | | | |
| 5. | Date of Birth & Age | | | | | | | | |
| 6. | Religion & Caste | | | | | | | | |
| 7. | Nationality | | | | | | | | |
| 8. | Community | OC <input type="checkbox"/> | BC <input type="checkbox"/> | BCM <input type="checkbox"/> | MBC/ DNC <input type="checkbox"/> | SC <input type="checkbox"/> | ST <input type="checkbox"/> | SCA <input type="checkbox"/> | SCC <input type="checkbox"/> |
| 9. | Blood Group | | | | | | | | |
| 10. | Aadhaar Number | | | | | | | | |
| 11. | Email id | | | | | | | | |
| 12. | Student Mobile Number | | | | | | | | |
| 13. | Father / Guardian Name | | | | | | | | |
| 14. | Mother Name | | | | | | | | |
| 15. | Parent Occupation | | | | | | | | |
| 16. | Family Income per annum | | | | | | | | |
| 17. | Mother Tongue | | | | | | | | |
| 18. | Educational Management Information System (EMIS) Number | | | | | | | | |
| 19. | Community Certificate Number (TN Student Only) | | | | | | | | |
| 20. | First Graduate Number (TN Student Only) | | | | | | | | |
| 21. | Income Certificate Number (TN Student Only) | | | | | | | | |
| 22. | Name & Location (District of School last studied) | | | | | | | | |
| 23. | Is Hostel Accommodation required? | <input type="checkbox"/> Yes | | | <input type="checkbox"/> No | | | | |
| 24. | Transportation | <input type="checkbox"/> College Bus <input type="checkbox"/> Own Vehicle Boarding Point: | | | | | | | |

| | | |
|-----|---|---|
| 25. | Permanent Address: | Address for communication: |
| | Door No: | Door No: |
| | Street: | Street: |
| | Area: | Area: |
| | Taluk: District: | Taluk: District: |
| | State: | State: |
| | Pin : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 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: | Parent Mobile Number: |

| | | | |
|-----|---|---------------------------------|--------------------------------|
| 26. | Studied VIII, IX, X, XI, XII Standard in Tamilnadu | <input type="text"/> Yes | <input type="text"/> No |
|-----|---|---------------------------------|--------------------------------|

| | | |
|-----|----------------------|--|
| 27. | S S L C Marks | |
|-----|----------------------|--|

| | | |
|--------------------------|---------------------|--|
| Register Number : | Roll Number: | Board : TN / CBSE / ICSE / Others |
|--------------------------|---------------------|--|

| Subject | Marks Obtained | Max Marks | Month & Year of Passing | No. of attempts |
|----------------------------|----------------|-----------|---------------------------|-----------------|
| LANGUAGE | | | | |
| ENGLISH | | | | |
| PHYSICS | | | | |
| CHEMISTRY | | | | |
| BIOLOGY / COMPUTER SCIENCE | | | | |
| MATHEMATICS | | | | |
| | | | | |
| | | | | |
| Total | | | Overall Percentage | |

28. Qualifying Examination

(i) For HSC (Academic /Vocational)

| | Physics | Chemistry | Mathematics | Optional |
|----------------|---------|-----------|-------------|----------|
| Marks | | | | |
| Cut off | | | | |

29. School of Study:

| Class | Year of Passing | State (TN/KL) | District | Block | Name of the School |
|----------|-----------------|---------------|----------|-------|--------------------|
| VI Std. | | | | | |
| VII Std. | | | | | |

| | | | | | |
|------------------|--|--|--|--|--|
| VIII Std. | | | | | |
| IX Std. | | | | | |
| X Std. | | | | | |
| XI Std. | | | | | |
| XII Std. | | | | | |

JOINT UNDERTAKING BY THE APPLICANT AND PARENT / GUARDIAN

1. The information furnished is true to the best of my knowledge. The original certificates will be produced at the time of admission. In case, if any information furnished is found to be incorrect we agree to forego any claim for admission. In case any information found to be false at a later date during verification, I / My ward will forfeit the admission / seat, no matter what stage of the course/class at that time.

2. We agree to be bound by the rules and regulations now in force and those to be made from time to time by the college management, my ward will never make any loss or damage to the properties of the institution.

3. We promise that we will not claim any compensation or refund of fees paid by us after admission.

4. We also promise that we will do nothing either inside or outside the institution that will interface with its institutional discipline.

5. We promise to abide by all the rules and regulations of your trust / College.

6. We accept that in case of my son / daughter wishes to leave institution in the middle of the course, we will pay the fees for entire course before the issue of the transfer certificate under unavoidable circumstances, students request may be considered.

SIGNATURE OF THE PARENT/GUADIAN

Name:

Place:

Date:

SIGNATURE OF THE APPLICANT

Name:

FOR ADMISSION CELL USE ONLY

1. Fees Concession : Mark Basis / Sports Quota / Economically Poor
2. Fee Payment : ☐ Semester / ☐ Yearly
3. Single Parent Concession :
(Yes / No)
4. Bank Loan (Yes / No) :

FOR OFFICE USE ONLY

Certificates Verified (Put Tick Mark)

Date of Admission:

- | | |
|--------------------------------|--------------------------|
| 1. 10 th Mark sheet | <input type="checkbox"/> |
| 2. 11 th Mark sheet | <input type="checkbox"/> |
| 3. 12 th Mark sheet | <input type="checkbox"/> |
| 4. Transfer Certificate | <input type="checkbox"/> |
| 5. Conduct Certificate | <input type="checkbox"/> |
| 6. Community Certificate | <input type="checkbox"/> |
| 7. First Graduate | <input type="checkbox"/> |
| 8. Migration Certificate | <input type="checkbox"/> |
| 9. Income Certificate | <input type="checkbox"/> |
| 10. Sports Certificate | <input type="checkbox"/> |

Name & Signature of the staff who processed the application :

Name & Signature of the Head of the Department :

PRINCIPAL