

Sri Ramakrishna Mission Vidyalaya Polytechnic College

(An Autonomous and ISO 9001:2015 Certified Institution) Coimbatore - 641 020

Application Form for Admission into I Year Diploma in Engineering Courses 2022-23

Application No. : R	Filled in application should be sent to the Principal on or before:	Reg. No: (To be assigned by the office)	
	(To be filled in by applicant)		
1.(a) Name of the Candidate : (in Block Letters)	Name of the Course : (In the order of preference DCE, DME, DEEE & DIT)		
(b) Father's / Guardian's Name:	1	_ 3	
(The name of the guardian should be mentioned only		_ 4	
(c) Mother's Name:			
(d) Address for Communication:	Aff	fix Passport	
PIN Phone No.		e Photograph	
Mobile Phone No.			
(e) Aadhaar Number / Aadhaar Enrolln	nent Number:		
(f) Occupation of Father/Mother/Guard	lian: (g) Aı	nnual Income: Rs	
2. Date of Birth (Christian Era) (As per SSLC or its equivalent)			
(Note: Day and month should be entered only	Day Month Year y as a two digit number, e.g., 3-1-2004 should be entered a	s 0 3 0 1 2 0 0 4	
3. (a) Community: (To fill-up: Refer page No.5 of the Pro-	OC BC BCM MBC/DN	C SC SCA ST	
(b) Caste:			
(c) Community Certificate Number*	**:		
(d) Designation of the Officer issuing Community Certificate and date			

Note: Please do not enclose ORIGINAL certificates along with the application.

* If the Director of Technical Education issues directions to extend the last date for submission of application

- the date will change.

^{**} OC candidates need not fill these information { 3(c) and 3(d) }

Sl. No.	Subject	Marks Scored	Maximum Marks	Month and Year of Passing
(i)	Tamil or any other Langu	age		
(ii)	English			
(iii)	Mathematics			
(iv)	Science			
(v)	Social Science			
(vi)	Elective (if any)			
(vii)	Total			
	rks certificate is found to be bo	ogus, it will lead to cancell	ation of admission besides	s criminal action against the candidate
Sl.No.	Class	Month and Year of Passing	Reg. No.	Name of the School and Address
1.	IX Std.			
2.	X Std.			
7. Nam	onality: ne of the Native District: ne of Father/Mother/Guardia	ın and their official addr	8. Mother Tongu	e :
			Coffice : Resi. : Mobile : e-mail :	
10. Do yo Date :	ou need Hostel Facility: Ye	s / No		Signature of the Candida
		CERTIF	TICATE	
		CERTIF	101111	
	(To be signed by the Hea	d of Institution where th	he candidate last studied	d or by an officer of Grade A or B)

Name & Designation :

Office seal:

Place:

Date: