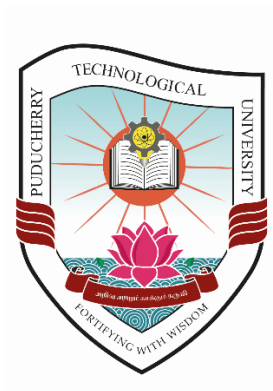


# PUDUCHERRY TECHNOLOGICAL UNIVERSITY

PUDUCHERRY – 605 014

## STUDENT PROFILE



**NAME** : .....

**COURSE & BRANCH** : .....

**REGISTER NUMBER** : .....

**YEAR OF ADMISSION** : .....

**YEAR OF COMPLETION** : .....

**ADMISSION** : **REGULAR / LATERAL ENTRY**

**NAME OF FIRST YEAR FACULTY ADVISOR:**

**NAME OF DEPARTMENT FACULTY ADVISOR:**

# PUDUCHERRY TECHNOLOGICAL UNIVERSITY

PUDUCHERRY – 605 014

1.Name	:	.....	<div>PHOTO</div>
2.Course& Branch	:	.....	
3.Admission Category	:	CENTAC / PIO / NRI / CIGW / FN / JOSAA / CSAB / CSAB-NEUT / OTHER	
a) Regular / Lateral Entry	:	.....	
b) Region	:	PY / KA / MA / YA / OS	
c) Community	:	GE / OBC / BCM / EBC / EWS / MBC / SC / ST	
d) Special Category	:	FF / DP / SP / PH	
4.Register Number	:	.....	
5.Date of Birth	:	.....	
6. Mother Tongue	:	.....	
7.Blood Group	:	.....	
8.Hosteller/ Day Scholar	:	.....	
9. Parent/Guardian's Name	:	.....	
10. Address for Communication	:	..... ..... .....	
Emailid :..... Mobile Number:.....			
12.Permanent Address	:	..... ..... .....	

## 13.Family Details

Name of the Family Member	Relationship	Contact details	Qualification	Occupation

Annual Income of Parent / Guardian: Rs. ....

## ENTRY LEVEL DETAILS

<b>Secondary Level X STD.</b>	State Board / Matric / CBSE / Others: .....										
	Name of the Institution										
	Medium of Study										
	Total Marks			Out of		%	Year of Passing:				
<b>Higher Secondary Level XII STD.</b>	State Board / Matric / CBSE / Others: .....										
	Name of the Institution										
	Medium of Study										
	Total Marks			Out of		%	Year of Passing:				
	Subjects/ Marks	Lang 1:			Out of		Lang 2:			Out of	
		Sub 1:			Out of		Sub 3:			Out of	
		Sub 2:			Out of		Sub 4:			Out of	

## CENTAC RANK

Category	Overall Merit Rank	Category Rank

## FOR OTHER STATE CANDIDATES ONLY

JEE Marks		Overall Merit Rank	
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## PERFORMANCE IN POLYTECHNIC (FOR LATERAL ENTRANTS):

**DIPLOMA/UG (Degree /  
Specialization):**

Name of the Institution:					
Total Marks		Out of		%	Year of Passing:

## I. DETAILS OF ACADEMIC PERFORMANCE

### I (a). SEMESTER I (Not for Lateral Entry Students)

Subject Code	Subject Title		Name of the Faculty	First Attempt Mark/ Grade			If failed in First Attempt	
				Internal Marks		University Exam Grade	Grade When passed	Month and year of passing
				Max	Scored			
GPA		CGPA	Overall Attendance %	Signature of				
				First year Faculty Advisor				

### I (b) SEMESTER II (Not for Lateral Entry Students)

Subject Code	Subject Title		Name of the Faculty		First Attempt Mark/ Grade		If failed in First Attempt		
					Internal Marks		University Exam Grade	Grade When passed	Month and year of passing
					Max	Scored			
GPA		CGPA	Overall Attendance %		Signature of				
					First year Faculty Advisor				

If you have taken Branch Change, Give details:

Previous Department

Current Department

### I (c). SEMESTER III

Subject Code	Subject Title	Name of the Faculty	First Attempt Mark/ Grade			If failed in First Attempt	
			Internal Marks		University Exam Grade	Grade When Passed	Month and year of passing
			Max	Scored			
GPA	CGPA	Overall Attendance %	Signature of				
			Department Faculty Advisor				

### I (d). SEMESTER IV

Subject Code	Subject Title	Name of the Faculty	First Attempt Mark/ Grade			If failed in First Attempt	
			Internal Marks		University Exam Grade	Grade When passed	Month and year of passing
			Max	Scored			
GPA	CGPA	Overall Attendance %	Signature of				
			Department Faculty Advisor				

**I (e). SEMESTER V**

Subject Code	Subject Title		Name of the Faculty	First Attempt Mark/ Grade			If failed in First Attempt	
				Internal Marks		University Exam Grade	Grade When passed	Month and year of passing
				Max	Scored			
GPA	CGPA	Overall Attendance %	Signature of					
			Department Faculty Advisor					

**I (f). SEMESTER VI**

Subject Code	Subject Title		Name of the Faculty	First Attempt Mark/ Grade			If failed in First Attempt	
				Internal Marks		University Exam Grade	Grade When passed	Month and year of passing
				Max	Scored			
GPA	CGPA	Overall Attendance %	Signature of					
			Department Faculty Advisor					

### I (g). SEMESTER VII

Subject Code	Subject Title	Name of the Faculty	First Attempt Mark/ Grade			If failed in First Attempt	
			Internal Marks		University Exam Grade	Grade When passed	Month and year of passing
			Max	Scored			
GPA	CGPA	Overall Attendance %	Signature of				
			Department Faculty Advisor				

### I (h). SEMESTER VIII

Subject Code	Subject Title	Name of the Faculty	First Attempt Mark/ Grade			If failed in First Attempt	
			Internal Marks		University Exam Grade	Grade When passed	Month and year of passing
			Max	Scored			
GPA	CGPA	Overall Attendance %	Signature of				
			Department Faculty Advisor				

**I (i). OVERALL ACADEMIC PERFORMANCE (Semester wise Marks / Grade & Credits)**

SEMESTER	GPA	CGPA	CREDITS	SEMESTER	GPA	CGPA	CREDITS
I				V			
II				VI			
III				VII			
IV				VIII			

**CLASS /DISTINCTION:****CGPA:****I (j). MANDATORY (non-credit) COURSES COMPLETED:**

Subject Code	Subject Title	Name of the Faculty	Grade (P/NC)

**I (k). OPEN ELECTIVE COURSES COMPLETED**

Subject Code	Subject Title	Department (offered) name	Name of the Faculty	First Attempt Mark/ Grade		If failed in First Attempt		
				Internal Marks		University Exam Grade	Grade When passed	Month and year of passing
				Max	Scored			



**I (l). Honors / Minors degree details (To be filled by the candidates who opted)**

**If Minor, Name of the department :**

Subject Code	Subject Title	Name of the Faculty	First Attempt Mark/ Grade			If failed in First Attempt	
			Internal Marks		University Exam Grade	Grade When passed	Month and year of passing
			Max	Scored			

**I (m). OVERALL CGPA FOR B.TECH DEGREE WITH HONOURS / MINOR :**

**I (n). AWARDS/DISTINCTIONS WON:**

**I (o). COURSE SEMINAR TITLE:**

**I (p). MINI PROJECT TITLE:**

**I (q). FINAL SEMESTER PROJECT WORK TITLE & NAME OF THE GUIDE :**

**I (r). MANDATORY INTERNSHIP (6 WEEKS in 3 Spells Maximum)**

SL.NO.	NAME &ADDRESS OF THE INDUSTRY	DURATION	PERIOD OF TRAINING	
			FROM	TO

**I (s). ADDITIONAL INTERNSHIP (if any) DONE**

SL.NO.	NAME &ADDRESS OF THE INDUSTRY	DURATION	PERIOD OF TRAINING	
			FROM	TO

## II. DETAILS OF CO-CURRICULAR ACTIVITIES

### II (a). SYMPOSIUM / CONFERENCE PARTICIPATED / PAPERS PRESENTED

S. No	Details of the Conference / Symposium (Name, Host institute / department, venue, date ...)	Session / Track Details	Presented / Participated	Title of the paper	Prizes Won

### II (b). COURSES / TRAINING DONE BY INTEREST / SELF LEARNING

SL. NO	DETAILS ABOUT THE COURSE / TRAINING	DURATION	CERTIFIED BY

### II. (c). INDUSTRIAL VISITS

SL. NO	DETAILS ABOUT THE INDUSTRY	PERIOD	
		FROM	TO

### II (d). MEMBERSHIP IN PROFESSIONAL BODIES:(ISTE, IEEE, IChE, CSI, IEI etc.)

### III. DETAILS OF EXTRA CURRICULAR ACTIVITIES / ACHIEVEMENTS

#### III (a). POST HELD IN STUDENT'S COUNCIL / CLUBS

S. NO	STUDENT COUNCIL / CLUB NAME	POSITION HELD	PERIOD

#### III (b). PARTICIPATION / PRIZES WON IN CLUB EVENTS

S. No	Name of the Event and Date	Name of the club	Prize's won

**III. (c) PARTICIPATION / PRIZES WON IN CULTURAL / NSS / NCC EVENTS**

S.NO	Details of the Event	Organizer's Detail	In Campus / Regional / National / International	Prizes won

**III. (d) PARTICIPATION / PRIZES WON IN SPORTS EVENTS**

S.NO	Details of the Event	Organizer's detail	In Campus / Regional / National / International	Prizes won

**III (e) ANY OTHER ACTIVITY (Pl. Specify and Give Details)**

#### IV. EXIT LEVEL DETAILS

##### IV (a). PLACEMENT (Through In-Campus / Off-Campus – strike the appropriate option)

Name of the organization / company	Position held	Annual CTC	Date of Joining

##### IV (b). COMPETITIVE EXAMINATION –APPEARED /PASSED

S. NO	NAME OF EXAMINATION	APPEARED (Mention Year)		QUALIFIED (Mention Year)		RESULT
		YES	NO	YES	NO	
1	GATE					
2	GRE					
3	TOEFL / IELTS					
4	CAT					
5	Any Other (Mention)					

##### IV (c). ADMISSION TO HIGHER STUDIES

INSTITUTION/UNIVERSITY	Programme / Course with specialization	DURATION	YEAR OF ADMISSION

##### IV (d). RATING OF THE STUDENT BY FACULTY ADVISOR

EXCELLENT	VERY GOOD	GOOD	SATISFACTORY
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##### IV (e). REMARKS BY HOD

Signature of the HOD

## V. DETAILS OF COUNSELING BY FACULTY ADVISOR

*(For each semester minimum two counselling sessions, one after the first CAT results, another after the previous semester results publication need to be conducted by the respective faculty advisors and recorded without fail)*

S. No.	Semester	Date of Counseling	Purpose	Did the parent / Guardian invited for the meeting *	Signature of the Student and Parent / Guardian	Name and Signature of the FA
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

*\* If parent / guardian was called for the meeting give the details related to the communication sent (Email / Letter / Phone, Proof, Date, Guardian / Parent, Contact details – phone no, email id,...)*

**HEAD OF THE DEPARTMENT**

## VI. UPDATES FROM THE ALUMNUS

### VI (a). PRESENT POSITION

SL.NO	ORGANISATION / INSTITUTION	POSITION	DATE

### VI (b). PRESENT ADDRESS

SL.NO	ADDRESS	CONTACT DETAILS	DATE

### VI (c). AWARDS / DISTINCTION EARNED / PROMOTIONS

### VI (d). ANY OTHER INFORMATION

**Note:**

The details given in this page may be collected during graduation / convocation day function along with the registration form submission by online / offline.

One copy may be sent to the respective department for attachment in the profile book and another to PTU alumni office for record.