

DETAILS OF FEES TO BE PAID AT THE TIME OF ADMISSION

(LATERAL ENTRY (DIRECT II YEAR) B.E. DEGREE COURSES- 2023-24)

1. College Fees:

Sl.No.	CATEGORY	Particulars	Amount in Rs.
	<u>One Time Fee During Admission</u>		
1	Admission Fee		200
2	Caution Deposit	Institution Deposit	500
3		Library Deposit	500
4	Curriculum Development Fee/Syllabus Fee		200
5	DOTE Certificate verification Fee		15
6	NSS Membership Fee		10
	<u>Anna University</u>		
7	Recognition/Registration/ Administration Fee *(300+500+750)		1550
8	Sports Fee		300
	<u>Fee to be paid per Annum</u>		
9	Academics Administration Fee (AU)		2000
10	Tuition Fees		2000
11	Development Charges		1000
12	Special Fee		1500
13	Library Fee		100
14	Computer charges		1250
15	Group Insurance Scheme		300
16	Education media service charges	50	505
17	Internet Society Fee	75	
18	University Cultural and Professional Society Fee	50	
19	Students accident and Medical Relief Fund	100	
20	Registration and Enrolment Fee	200	
21	Youth Red Cross Society membership Fee	20	
22	Flag Day Collection	10	
	TOTAL Fee to be Paid for College		11930

* Tuition Fee exempted for SC/ST/SCA and First Graduate Students

* Tuition Fee & Spl.Fee exempted for Physically challenged students

*RRA- Other State Rs.2150/- (900+500+750=2150)

2. Hostel Fees

Sl.No.	CATEGORY	Particulars	Amount in Rs.
1	One Time Fee During Admission	Admission Fees	200
2	Refundable Deposit	Caution Deposit	7000
3	Fee to be paid per Annum	Establishment charges	3500
4		Block Development charges	1550
5		Room Rent	200
6		Electricity charges	250
7		Amenities charges	300
	TOTAL Hostel Fee to be paid		13000

Note: Mere getting admission in this college does not guarantee for Hostel accommodation

At the time of admission the candidate should produce the following documents in ORIGINAL without fail.

- (i) Allotment order issued by DOTE., Chennai.
- (ii) Acknowledgement for fee paid at Directorate of Technical Edn.
- (iii) First graduate concession & **Joint Declaration** certificate.
- (iv) 10,+1,+2 **OR** equivalent examination Mark sheet along with Xerox copy
- (v) Diploma/B.Sc All Semester mark sheets/Consolidated mark sheet
- (vi) Transfer certificate obtained from the Head of the Institution last studied.
- (vii) Conduct certificate obtained from the Head of the Institution last studied.
- (viii) Permanent Community certificate issued by competent authority with Gopuram seal **OR e-Community** certificate digitally signed by the appropriate authority.
- (ix) Medical fitness certificate obtained from Medical Officer not below the rank of Civil Assistant surgeon (**in form - B enclosed herewith**)
- (x) Two passport size photographs with your name and branch written on the back side of the photograph for office use.
- (xi) Aadhaar card- **3 Xerox copies**
- (xii) **Xerox copies of above Certificate - 3 No's**

THE CANDIDATES ARE ADVISED TO TAKE SUFFICIENT NUMBER OF COPIES (AT LEAST 10 SETS) OF THE ABOVE ORIGINAL CERTIFICATES AND ALLOTTMENT ORDER FOR THEIR FUTURE USE. ORIGINAL CERTIFICATES WILL BE RETURNED TO THE CANDIDATES ONLY AFTER GETTING ADMISSION APPROVAL FROM THE DIRETOR OF TECHNICAL EDUCATION, CHENNAI.

[Signature]
For Principal
17/8/23
AB 01/08/2023

To

- 1.A2 & B3- for Necessary action. -through Superintendent
2. HOD/CSE _ to Publish on Insttn. Website
3. Asso. Warden

ANNEXURE

FORM - B

CERTIFICATE OF PHYSICAL FITNESS

(TO BE ISSUED BY A SINGLE MEDICAL OFFICER)

I do hereby certify that I have examined.....

A candidate for admission to the.....Degree Course in Engineering and cannot discover that he has any disease, constitutional applications of bodily in formality except.....

I do not consider this a disqualification for undergoing the.....Degree Course.

Her / His age according to her / his own statements is years..... and by appearance about.....years.

She / He has marks of small Pox / Vaccination.

PERSONAL MARKS OF IDENTIFICATIONS :

- | | | |
|----|---|-----|
| A) | Height | ... |
| B) | Weight | ... |
| C) | Chest measurement on full
Inspiration and expiration | ... |
| D) | Acuteness or vision | ... |

In cases where sight is corrected with glasses, The strength of glasses for each eye should be noted.

N.B. :- Any defect, deformity other disabilities, when present should be noted in detail.

Station :-

Name :-

Date :-

Rank :-

N.B. :- The Certificate should be signed by a Government Medical Officer not below.
The rank of an Assistant Surgeon.