



# APPLICATION FOR ADMISSION TO

## Bachelor Degree Programme in Engineering

Pollachi Main Road, Eachanari Post, Coimbatore - 641 021, Tamil nadu, INDIA . Phone : 0422-6471113 -5, 2611082, 6453777  
 Fax: 0422-2611043 Email : info@karpagam.ac.in Web : www.karpagamuniv.com

**LATERAL ENTRY** ☐
**REGULAR** ☐

 1 Course Applying for : 

2 Name (in block letters) (as in the HSC Mark Sheet)

                   

 3 Name of Parent / Guardian  
 and Occupation :

 4 Sex : ☐ Male ☐ Female

 5 Date of Birth :   -   -     Age  

Date

Month

Year

 6 Nationality : 

 7 Community  
 (Enclose attested photostat copy) : ☐ OC ☐ BC ☐ MBC ☐ DNC ☐ SC ☐ ST

8 Address for Communication (Please note that this is the address to which the University will send all correspondence)




PIN CODE

E-mail

:

 Parent  
 Mobile No.1

Telephone No

:

 Parent  
 Mobile No.2

DO NOT STAPLE

 Paste a recent passport  
 size photograph  
 bearing signature  
 of the candidate

9 Permanent Address (if different from the above address)

 PIN CODE 

E-mail :  Parent Mobile No.1 

Telephone No :  Parent Mobile No.2 

10 Qualifying Examinations

a Academic Performance : X STD

a. Name of the School :

b. Place of the School :

c. Month & Year of Passing :

d. Percentage obtained :

11 Higher Secondary or Equivalent : Plus Two (+2)

Name of the School :

Subject	Marks obtained / Maximum Marks	Year Passed	Register No.
Language			
English			
Part III			
1			
2			
3			
4			
Total Marks Obtained			
MPC Average/100			
Entrance Marks			

12 Diploma :

Name of the Polytechnic College  
& Place

Subject	Marks Obtained	Percentage	Year Passed
1 <sup>st</sup> Semester			
2 <sup>nd</sup> Semester			
3 <sup>rd</sup> Semester			
4 <sup>th</sup> Semester			
5 <sup>th</sup> Semester			
6 <sup>th</sup> Semester			

(Attested photostat copies of the certificates must be enclosed)

13 Extra Curricular Activities : SPORTS .....

.....

: NCC .....

.....

: SOCIAL SERVICE .....

.....

: OTHERS .....

.....

(Attested photostat copies of the certificates must be enclosed)

14 Hostel Facility Required : Yes ☐ No ☐

## DECLARATION OF THE APPLICANT

I hereby declare that all the information furnished by me in this application and the documents submitted in support of my application are true, complete and correct to the best of my knowledge and belief.

I declare that I will abide by the rules and regulations of the University enforced from time to time.

Signature of the Applicant

## DECLARATION OF THE PARENT

I declare that my Son / Daughter / Ward will abide by the rules and regulations of the University enforced from time to time.

Station

Date

Signature of the Parent / Guardian

## FOR OFFICE USE ONLY

Name of the Student

Application No

Enrollment No.

:

Admitted on

Fees collected vide receipt No.

Dt

Rs.

Day scholar / Hosteller

OFFICE IN-CHARGE

REGISTRAR