

Code No.

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## VETRI VINAYAHA POLYTECHNIC COLLEGE

THOTTIAM - 621 215, TRICHY DIST, Tamilnadu.

No.
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APPLICATION FOR ADMISSION TO FIRST / S	SECOND YEAR DIPLOMA COURSE 20	- 20
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Admission No. :  (To be assigned by Office)												
(To be filled up by the Applicant)										Affix		
										Passport Size Photograph		
vai	Name of the Course Applied :									Phot	ograpn	
	<ul> <li>I. Civil Engineering (DCE)</li> <li>II. Mechanical Engineering (DME)</li> <li>III. Electrical and Electronics Engineering (DEEE)</li> <li>IV. Electronics and Communication Engineering (DECE)</li> <li>V. Computer Engineering (DCoE)</li> <li>VI. Automobile Engineering (DAE)</li> </ul>											
١.	(a) Name of the Candidate (In Block Letters) :											
	(b) Name of the Parent / Guardian					:						
	(c) Address for Communication				:							
							•••••		PIN			
	(d) Phone / M	obile			:							
2.	Sex				:	Male	Fema	le				
3.	Date of Birth (as found in SS			ertificate)	:	Day	Month	Yea	ar	]		
1.	(a) Name of th	e Commu	nity		:	ST	SC	MBC &	DNC	BC	OC	
	(b) Caste				:			••••				
(c) Sl. No. of the Certificate					:							
(d) Designation of the Officer Issuing the Certificate and Date of Issue :												
5.	(a) Examination	n Passed	:				<u></u>					
		ss	LC	HSC (Academic	) HS	SC (Voca	ational)	ITI (2 Yea	ars)	Month & of Pas		

5. (b)	Marks obtained in S	SSLC / HSC Equ	ivalent Exam	nination :						
	SSLC /	Equivalent		HSC (Academic / Vocational)						
Tamil or Language :out of					or Language	:out of				
English :		out of		Englis	h	:out of				
Mathematics :		out of		Mathematics		:out of				
Science :		out of	f	Physics		:out of				
Social Science :		out of	f	Chemistry		:out of				
			Elective		:out of					
				Name	of the Vocatio	onal subject:				
				Theory	1	:out of				
				Practio	al I	:out of				
sy.				Practio	al II	:out of				
	Total :	out of	f		Tot	tal:out of				
,			Bogus, the a	dmissior	will be cance	elled at any stage of study beside				
	al action being taker									
6. De Sl.	tails of Study during	Month and Year	Cultia	-1	Mana	and Address of the Caboal				
No.	Class	of Passing	Subje	Ct	Name	and Address of the School				
1.	IX Std.									
2.	X Std.									
3.	HSC / Equivalent									
7. Na	tionality :			10. <b>M</b> c	ther Tongue	:				
8. Pla	ace of Birth			11 An	nual Income	:				
				11. 7	indui moomo					
9. Na	tive District :									
	DE	CLARATION BY	THE APPLI	CANT &	PARENT / G	<u>UARDIAN</u>				
1,	,		.(Name in ful	I) Son / [	Daughter of					
enclosi	ures are true, correc	and complete.	We further de	clare tha	at should it be	given in the application and th found otherwise, the applicant wi at whatever stage of study he / sh				
	e, besides making h									
Place	:									
Date	ī	Signature of	the Candida	ite.	s	Signature of the Parent / Guardiar				
ľ	Note: Guardian ca	n execute the	above decla	ration o	only if both t	he parents are not alive.				
			FOR OFFICE	E USE O	NLY					
Date of	f Joining:									

Course Allotted:

Signature of the Principal.