

Last Date for Submission

APPL. No.:

NAME

**SANKAR POLYTECHNIC COLLEGE (AUTONOMOUS) SANKARNAGAR - 627 357.**

**APPLICATION FOR ADMISSION TO DIPLOMA COURSE (2021 - 2022)**

Please read the instructions carefully before filling up the form.

1. Differently Abled  (Please tick if Differently Abled)

2. APPLICATION FOR : (Please Tick)

I YEAR

DIRECT II YEAR

Affix Your  
Latest  
Photo here

3. NAME (IN BLOCK LETTERS) : \_\_\_\_\_

4. FATHER'S NAME : \_\_\_\_\_

5. DATE OF BIRTH :    6. SEX : Male / Female / Trans Gender

7. COMMUNITY : (Please Tick One)  
FC  | MBC  | SCA   
BC Muslim  | DNC  | ST   
BC Other  | SCO

8. Caste : \_\_\_\_\_

9. Religion : \_\_\_\_\_

10. Month & Year of Passing : \_\_\_\_\_

11. Branch Preference : 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Application fee Rs.150/- to be paid by cash if submitted in person or by DD if the application is sent through post

**Mark Details**

S.No.	SUBJECT	MARKS OBTAINED	MAX MARKS	MARKS IN WORDS
1.				
2.				
3.				
4.				
5.				
6.				
	<b>TOTAL</b>			

**11. FULL ADDRESS**

Name : \_\_\_\_\_

Name of Father / Guardian : \_\_\_\_\_ Mobile No.:

Door No. & Street : \_\_\_\_\_

Post Office : \_\_\_\_\_ Pin Code :

District : \_\_\_\_\_ Phone No. with STD Code : \_\_\_\_\_

**DECLARATION BY APPLICANT**

I, \_\_\_\_\_, Son / Daughter of Thiru \_\_\_\_\_, here by solemnly declare that the information and the statements furnished in the application are true, correct and complete. I further declare that should it be found otherwise, I am liable to forfeit my seat and be removed from the rolls of the Institutions at whatever stage of study I may be, besides making me liable for criminal prosecution. I agree to abide by the rules and regulations of the College, if admitted and I agree that once fees has been paid it will not be refunded under any circumstances.

Place :

Signature of the Candidate

Date :

**DECLARATION BY PARENT**

I, \_\_\_\_\_, Parent / Guardian of \_\_\_\_\_, here by solemnly declare that I am fully aware of the declaration made by the applicant, my son/daughter/ward and I declare and bind myself on the same terms contained in the above declaration and I agree that once fees has been paid it will not be refunded under any circumstances.

Place :

Signature of the Parent / Guardian

Date :

(Mother can sign if father is not available. A guardian can sign only if both parents are not alive)

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**ATTACH :**

1. Xerox Copy of Eligible Mark Sheet
2. Xerox Copy of Community Certificate (Not Required for FC)
3. Xerox Copy of Aadhaar Card

The filled application should be submitted to the Polytechnic Office on or before the last date specified.

**FOR OFFICE USE ONLY**

Application received on :

Counselling Date :

Branch Allotted : \_\_\_\_\_

Quota :

Admitted on :

Mark Sheet No :

Community Certificate No.

Fees Paid Chalan No :

Date :