



MOTHER TERASA

COLLEGE OF ENGINEERING AND TECHNOLOGY

[Approved by AICTE, NewDelhi & Affiliated to Anna University Chennai]

Mettusalai, Illuppur - 622 102, Pudukkottai Dt.

Phone : 04339 - 272999, 272888 Fax : 04339 - 272444

APPLICATION FORM FOR B.E. ADMISSION 20 - 20

Application No.	<input style="width: 90%;" type="text"/>	Registration No.	<input style="width: 90%;" type="text"/>	<i>Affix recent Passport Size Photograph</i>
Date of Admission	<input style="width: 90%;" type="text"/>			
Category of Admission	<input type="checkbox"/> GQ <input type="checkbox"/> MQ	TNEA / Consortium Application No.	<input style="width: 90%;" type="text"/>	

Choice of the course	1. <input style="width: 90%;" type="text"/>	2. <input style="width: 90%;" type="text"/>	3. <input style="width: 90%;" type="text"/>
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1. Name (in block letters)	<input style="width: 100%;" type="text"/>									
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2. Date of Birth	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	3. Sex	<input type="checkbox"/> M <input type="checkbox"/> F	4. Nationality	<input style="width: 90%;" type="text"/>
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5. Religion	<input style="width: 90%;" type="text"/>	6. Community	<input type="checkbox"/> SC/ST/SCA	<input type="checkbox"/> DNC	<input type="checkbox"/> MBC	<input type="checkbox"/> BC/BCM	<input type="checkbox"/> OC
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6A. Sl. No. of the certificate	<input style="width: 90%;" type="text"/>	6B. Designation of the issuing officer	<input style="width: 90%;" type="text"/>
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7. State	Tamil Nadu / Other States
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8. Mother Tongue	9. Blood Group	<input style="width: 90%;" type="text"/>
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10. Parent / Guardian	Name	<input style="width: 90%;" type="text"/>
	Occupation	<input style="width: 90%;" type="text"/>

11. Annual Income of the Parent / Guardian	<input style="width: 90%;" type="text"/>
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12. Address for Communication

Present Address	Permanent Address
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

13. E-mail	<input style="width: 90%;" type="text"/>
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14. Phone No.	<input style="width: 90%;" type="text"/>	Mobile No.	<input style="width: 90%;" type="text"/>
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15. Is Hostel accommodation required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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16. Whether differently abled Person	<input type="checkbox"/> Yes	<input type="checkbox"/> No	17. Whether Farmer Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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18. Family Details :					
	Name	Age	Educational Qualification	Occupation	Contact No.
Father	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Mother	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Brother / Sister	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Brother / Sister	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Brother / Sister	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

19. Details of Qualifying Examination : [+2 / Equivalent] Medium of Study : Tamil/English/Others				Total Marks :	Cut off :	
Sl.No.	Subject	Marks		Year of Passing	Register Number	Certificate No.
		Scored	Maximum			
1.						
2.						
3.						
4.						
5.						
6.						
7.						
Total				% of Marks		

DECLARATION BY THE APPLICANT

I,,
D/S. of,
hereby, solemnly declare that the information furnished and the statements given in the application and enclosures are correct and complete. I further declare that if it is found otherwise, I am aware of the fact that I will forfeit my admittance and liable for removal from the rolls of the college, whatever stage of study I may be punishing, besides facing criminal prosecution.

Station:

Date :

Signature of the Candidate

DECLARATION BY THE PARENT / GUARDIAN

I,,
D/S. of,
hereby, 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. The above statements and the information given are true, correct and complete. If it is found otherwise, I am aware that the applicant is liable to forfeit the admission and / or removal from the rolls of the Institution at whatever may be the stage of study, besides making me liable for criminal prosecution. I am aware of the Institution's approach towards ragging and the punishments to which he / she shall be liable if found guilty of ragging.

Station:

Date :

Signature of the Parent / Guardian

Check List :

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| 1. Community Certificate <input type="checkbox"/> | 6. Allotment Order <input type="checkbox"/> |
| 2. Transfer Certificate <input type="checkbox"/> | 7. Passport Size Photos - 4 Nos <input type="checkbox"/> |
| 3. First Graduate Certificate <input type="checkbox"/> | 8. Xerox copy - 3 Sets <input type="checkbox"/> |
| 4. Joint Declaration <input type="checkbox"/> | 9. 10 th Mark Sheet <input type="checkbox"/> |
| 5. Medical Certificate <input type="checkbox"/> | 10. 12 th Mark Sheet <input type="checkbox"/> |

Verified by

For Office use only

Remarks of the Principal

Signature of the Principal