

24x7 HELPLINE: +91 9555 369 369

Application No. :

ADMISSION FORM

Referred By:

COURSE _____ SESSION _____

APPLICANT'S NAME: _____

DATE OF BIRTH (DD/MM/YYYY) _____ AGE _____ GENDER _____

FATHER'S NAME: _____ MOTHER'S NAME _____

EMAIL-ID : _____

PERMANENT ADDRESS _____

_____ PIN _____ TEL. NO.(WITH STD CODE) _____ MOBILE _____

GUARDIAN'S ADDRESS /ADDRESS FOR CORRESPONDENCE: _____

PIN _____ TEL. NO.(WITH STD CODE) _____ MOBILE _____

CATAGORY: GEN SC ST OBC OTHER

FAMILY DETAILS

FAMILY MEMBER	NAME	AGE	QUALIFICATIONS	OCCUPATION
FATHER				
MOTHER				
BROS./SISTERS				

EDUCATIONAL QUALIFICATIONS

COURSE	PASSING YR.	SCHOOL/COLLEGE	BOARD/UNIV.	REG. NO.	MARKS	% / GPA
MATRICULATION(10 TH)						
SR.SECONDARY(10+2)						
POLYTECNIC DIPLOMA						
GRADUATION						
ANY OTHER						

WORK EXPERIENCE (If Any)

S. No.	Institute	Period	Designation

ADDITIONAL QUALIFICATIONS, AWARDS/ PRIZES/SCHOLARSHIPS: (IF ANY) _____

YOUR CAREER OBJECTIVE: _____

ANY OTHER INFORMATION YOU WISH TO FURNISH: _____

DECLARATION:

- I confirm that the information given above is true to the best of my knowledge and belief.
 - I agree to abide by the rules and regulations of MERI CET as in force from time to time failing which the University / College may take any action against me as deemed fit.
 - I will pay my fees and other dues as prescribed by the University on time. In case of failure my name shall be struck off the rolls and re-admission may be done on repayment of admission fee and all other dues as per rules of the University / College.
 - I understand that the refund of fees & other dues once paid will not be refunded under any circumstances (Except as per AICTE norms).
 - I understand that the admission given to me shall be provisional & subject to my fulfilling the eligibility conditions of the University/College.
 - I will strictly follow the rules & regulations of the Institute and shall be committed to maintain discipline, cleanliness and help in creating Eco-friendly campus.
 - I shall not use tobacco or alcohol in any form within the college campus or hostel at any time.
- I shall not indulge in ragging activities of any kind with any body. I am well aware that ragging is a punishable crime which can lead to FIR / Jail.

Signature of Parent / Guardian : _____

Signature of Candidate : _____

Date: _____

Date : _____

Place: _____

Place : _____

FOR OFFICE USE ONLY

COUNSELLOR'S SUMMARY

DOCUMENTS CHECKED:	YES	NO	% MARKS/PCM/DIP/GRAD	
DOCUMENTS CHECK LIST :				
10 th Certificate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Character Certificate	<input type="checkbox"/> YES <input type="checkbox"/> NO
10 th Mark Sheet	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Provisional Certificate	<input type="checkbox"/> YES <input type="checkbox"/> NO
12 th Certificate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Migration/Transfer Certificate	<input type="checkbox"/> YES <input type="checkbox"/> NO
12 th Mark Sheet	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Cast Certificate	<input type="checkbox"/> YES <input type="checkbox"/> NO
PENDING DOCUMENTS : 1. _____			2. _____	3. _____
5. _____			6. _____	7. _____
			8. _____	

SCHOLARSHIP: YES NO CATEGORY: _____

NAME OF COUNSELLOR _____

SIGNATURE _____

REGISTRAR'S SIGNATURE _____

DIRECTOR'S APPROVAL

1. ADMITTED: YES NO

2. BRANCH (B TECH/B TECH (LATERAL)/M TECH/BBA) _____

3. SCHOLARSHIP AWARDED: YES NO CATEGORY _____

4. ADDITIONAL REMARKS: _____

SIGNATURE OF DIRECTOR _____

AMOUNT SUBMITTED _____ RECEIPT _____ DATE: _____

ACCOUNTANT'S SIGNATURE _____

NOTE: ATTACH ATTESTED COPIES OF THE CERTIFICATES AND TWO PHOTOGRAPHS.