



**THENI KAMMAVAR SANGAM COLLEGE OF TECHNOLOGY
KODUVILARPATTI, THENI – 625 534.**

Ph: 04546-250 496, 250497, 250498, Fax: 04546 250 498

E-mail: tkscettheni@gmail.com Web: www.tkscte.in

NO:

PHOTO

For Admission Contact 70102 80755, 99525 96985, 94890 49483

APPLICATION FOR FIRST YEAR B.E DEGREE COURSES

1. Name (in block letters) : -----

2. Name of parent : -----

3. Occupation & Annual income : -----

4. Address for Communication : -----

Ph. No: STD code ----- No: -----

Mobile: -----

5. Sex : M F

6. DOB:

7. Age:

8. First Generation Graduate : Yes / No

9. Nationality / Religion :

10. Community / Caste :

11. Place of Study

S. No	Name of the Institution	Branch / Group	Month & Year of Passing	Marks Obtained	Max. Marks
XII					
X					

12. Medium of Instruction :

13. Preferences : CSE

(Indicate Two preferable courses as No.1 & No.2) ECE

EEE

MECH

CIVIL

14. Qualifying Examination : -----

Examination	Diploma (Branch)	H.Sc (Academic)	H.Sc (Vocational)	H.Sc (CBSE)	H.Sc (Other State)
Code No:	01	02	03	04	05

15. Mark in the qualifying Examination:

(A) H.Sc (Academic / Equivalent / CBSE / Other State)

Subject	Marks Obtained	Max. Marks	Month / Year	Percentage
Mathematics				
Physics				
Chemistry				
Overall Percentage (M+P+C / 300)				

(B) H.Sc (Vocational / Equivalent)

Subject	Marks Obtained	Max. Marks	Month / Year	Percentage
Related Subject				
Vocational Subject - Theory				
Practical - I				
Practical - II				
Overall Percentage				

DECLARATION BY THE APPLICANT

I declare that all the particulars furnished above are true and correct. I assure you that I will abide by the rules and regulations of the college.

Signature of Parent / Guardian

Signature of the Applicant

Place :

Date :

FOR OFFICE USE ONLY

Admission No :

Branch Allotted :

Signature of the Principal



NO:

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APPLICATION FOR LATERAL ENTRY B.E DEGREE COURSES

1. Name (in block letters) :

2. Name of the Parent :

3. Occupation & Annual income :

4. Address for Communication :

State ----- Pin -----

Ph. No: STD code ----- No: -----

Mobile:

5. Sex : M F

6. DoB:

7. Age:

8. First Generation Graduate : Yes / No

9. Nationality / Religion :

10. Community / Caste :

11. Place of Study

S. No	Name of the Institution	Branch / Group	Month & Year of Passing	Marks Obtained	Max. Marks
Diploma					
XII					
X					

12. Medium of Instruction :

13. Preferences : CSE
 ECE
 EEE
 CIVIL
 MECH

14. Diploma Registration Number :
 Department :

Semester	Marks Obtained	Max. Marks	Month / Year	Percentage
I				
II				
III				
IV				
V				
VI				
Over all Percentage				

DECLARATION BY THE APPLICANT

I declare that all the particulars furnished above are true and correct. I assure you that I will abide by the rules and regulations of the college.

Signature of Parent / Guardian

Signature of the Applicant

Place :
 Date :

FOR OFFICE USE ONLY

Admission No :

Branch Allotted :

Signature of the Principal