Application No: Issued on:

# APPLICATION FOR ADMISSION TO **B.E. / B.Tech**.





Pollachi Main Road, Eachanari Post, Coimbatore - 641 021 | Ph: +91 422 2980011, 12, 13, 14 info@kahedu.edu.in | www.kahedu.edu.in

REGULAR L	ATERAL ENTRY	
1. Programme Applied : E	B.E. / B.Tech in	
2. Name of the Applicant	: (in BLOCK letters) (As in HSC Mark Sheet):	Paste a recent passport size photograph
3. Name of the Parent/Go and Permanent Addres (in BLOCK letters)		DO NOT STAPLE
For office use only	PIN Code: Address for Communication :	
Mohile No (Parent) 1	PIN Code:	
Mobile No. (Student)  E-mail ID.	:	
4. Gender (✓)	: Male Female Transgender 5. Blood Gro	oup:
6. Date of Birth	: Date Month Year	
8. Aadhaar Number	:	
9. Mother Tongue	:	



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10. Nationa	llity :						
11. State (✓)		Tamil Nadu	Ot	hers			
12. Religion							
	nunity (Attested y should be enclosed)	OC / BC / BC	C (M) / MBC / [	DNC / SC / SC (A) /	'ST (Write in	the box)	
b) Namo	e of the Caste						
c) SI. No Certifi	of the Community cate						
14. Person with disability (✓) : Yes No (If yes attach medical certificate issued from authorized authority)				sued from			
15. Parent's Occupation : and Office Address (If any)							
Office F	Phone No.						
16. Annual	Income	:					
17. Extra Curricular activities*(✓): SPORTS NCC SOCIAL SERVICE OTHERS							
* Mention in	n detail						
(Please ment	ion if any of the following f	acilities is require	ed)				
18. Hostel 1	facility (✓) : Yes	No	19. B	us facility $(\checkmark)$ :	Yes	No	
20. Academic Performance							
Class	Name & Address of the Schoo	Medium of Instruction	Roard	Month & Year of Passing	Marks obtained	Maximum Marks	%
SSLC (10 <sup>th</sup> )							



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HSC (12 <sup>th</sup> )		: Academic		Vocational Reg		Regis	gister Number :		
Board		:							
Medium of Instruction	edium of Instruction : Tamil English Others :								
Name of the School:									
City:		District:			State :				
Subject		Month & Year of Passing				Maximum Marks	%		
Language									
English									
Mathematics									
Physics									
Chemistry									
Biology / Computer :	Science								
MPC Average :				tal					
Diploma : Register Number :									
Name of the College : City :									
University / Board: State :									
Semester	Month & Year of Passing		Ма	arks obtained		Maximum Marks	%		
1 <sup>st</sup> Semester									
2 <sup>nd</sup> Semester									
3 <sup>rd</sup> Semester									
4 <sup>th</sup> Semester									
5 <sup>th</sup> Semester									
6 <sup>th</sup> Semester									
Class Obtained:			Total						



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#### DECLARATION BY THE APPLICANT AND PARENT

I solemnly affirm that the information furnished in this application and the enclosures are true, correct and complete to the best of my knowledge and belief. I assure to abide by the rules and regulations of the Karpagam Academy of Higher Education , enforced from time to time. I further declare that should it be found otherwise, I am liable to forfeit my seat and / or be removed from the rolls of the Karpagam Academy of Higher Education at any stage of the study. Application and Admission fees, Once paid shall not be refunded under any circumstances.

Signature of the Parent / Guardia Place:	an	Signature of the Applican
Date:		
	FOR OFFICE USE ONLY	Day Scholar Hostelite
Name of the student :		
Enrolment No. :		
Admitted on :		
Fees collected vide receipt no. :	Date:	Rs.:
	Date:	Rs.:
	Date:	Rs.:
	Date:	Rs.:
Health card receipt no. :	Date:	Rs.:
		Admissions Incharge

Note: Attested Photo copies of the certificates (downloaded mark sheet if original mark sheet is not received) should be enclosed along with the application. However at the time of admission, the original certificates should be submitted. Any change in information furnished should be intimated to the authorities of Karpagam Academy of Higher Education through proper channel immediately.