

Avinashilingam Institute for Home Science and Higher Education for Women (Deemed to be University under Category A by MHRD, Estd. u/s 3 of UGC Act 1956) Re-accredited with A+ Grade by NAAC. Recognised by UGC Under Section 12 B

SCHOOL OF ENGINEERING

(Approved by AICTE)

Satellite Campus, Ayya Avinashilingam Nagar, Varapalayam, Thadagam P.O., Coimbatore - 641 108, Tamil Nadu, India Tel.: 0422-2980145 / 2988997 ★ E-mail: dean_engineering@avinuty.ac.in

APPLICATION FOR ADMISSION TO B.E. DEGREE COURSES 2019 - 2020 BATCH

1.	Name of the applicant (IN BLOCK LETTERS) (as in the X Std Mark Statement)													
2.	Aadhar Number of applicant											Affix a recent passport size		
3.													photograph	
4.	,								Age :	Yeaı	rs		(taken within a period of 3-6 months prior to	
	Village / Town			1							- su	bmission of this		
5.	Place of birth	District			1							7	application)	
		State			1							7		
6.	Nationality, Relig	ion	Notionality			Religion Mother			⁻ Tongue					
0.	Community and	,,,,,	,								OC / OBC / SC / ST			
	Mother Tongue		Community		ОВС	C / SC / ST C	andida	ates sho	ould attach a s	self-attes	ted cop	y of Con	munity Certificate	
	For residents of Jammu & Kashmir only Would you like to be considered under 'supernumerary quota'					YES / NO								
7.	Name, occupatio	on, annu	ial income an	d othe	r conta	ct details of	parer	nts / gu	ardian					
					F	ather			Mother	er			Guardian*	
	Name													
	Aadhar Number													
	Occupation	Occupation												
	Annual Income													
	Telephone (Land Line with STD code)													
	Mobile Number(s)													
	E-mail Id													
	* Please indicate relationship								indicate relationship					
8.	8. Present address of candidate (to which communicate)				ications a	ations are to be sent) Permanent address								
9.	Are you different	tly abloc	13	YES	/ NO	If 'Yes', specify the nature of disability				Deaf / Dumb / Ortho				
9.	Are you different	tiy ablet	ı:	IES,	/ NO	Attach a self-attested copy of 'Medical Certificate' issu					ued by competent authority			
10.	Are you from the for graduate pro			YES / NO If 'Yes' please attach a certificate from competent au						ent autho	rity			
11.	Details of Higher Secondary or any other equivalent qualifying examination passed / appeared													
	Qualifying examination passed / appeared Higher Secondary / Any other (pl. specify) :													
	Name and address of the Higher Secondary School / College last studied													
	Register Number of Higher Secondary Examination passed / appeared													
	Month and Year of last appearance													
	Marks secured (This column may be filled by candidates who have already passed the qualifying examination - Candidates appeared for the qualifying examination in March/April 2019 and awaiting for the results need not fill these columns)				Ma	athem	atics					piology or biotechnology ocational subject)		
					Max. marks		Mark	s secured	Max. marks		s	Marks secured		

12.	Extra-curricular activities	, , i	Red	Scouts and	GAMES						
	(undergone upto and during Higher Secondary Course - (Please mark " " for columns applicable - enclose self-attested copies of relevant certificates)		Cross	Guides	School level	District level	State level	National level	Others (pl. specify)		
	,										
13.	Specify the branch of Engineering you	1 st preference									
	would like to join (in the order of preference)	2 nd preference									
			3 rd preference								
14.	Do you need hostel accommodation?	YES / NO									
15.	Name, address and telephone numbers of	Relationship:									
	local guardian (residing in the radius of 50 kms from the Hostel)										
			o. :		E-mail Id :						
16.	Furnish details of relatives (Mother, Sister(s) or any others) who have undergone a	Name									
	course of study in this Institute earlier (If more than one, please attach a separate sheet in this format)	Relationsh	nip								
	product of the state of the sta	Course of	study			Perio	d of Study				
		Present ac	ddress								

DECLARATION

I declare that all the particulars furnished above are true to the best of my knowledge and belief. If selected and admitted to the course, I will abide by all the rules and regulations of the Institute furnished in the Prospectus and other rules and regulations that may come into force during the course of my study. I am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging. I further declare that I have furnished the correct marks of my Higher Secondary Examination (or equivalent qualifying examination). In case, on scrutiny, it is found later that the marks furnished by me are incorrect the Institute is at liberty to take necessary actions which include (i) forfeiture of admission even after the commencement of the course; (ii) debarring from pursuing higher studies for a period of three years; (iii) necessary legal action.

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Date: Signature of the Applicant Signature of the Parent / Guardian

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FOR OFFICE USE ONLY Marks / Grades secured in the qualifying examination and Entrance Examination and the status of admission							
Description	Mathematics	Physics + Chemistry / Biology / Biotech. / Technical Voc. Subjects	Entrance Examination	Grand Total (HSc + Entrance)			
Maximum marks	100	100	100	300			
Marks secured							

ADMITTED / NOT ADMITTED

Registration Number	Specialization	
Admission Number and Date	Fee receipt Number and date	

Faculty-in-charge (Admissions) / Dean, School of Engineering

NOTE: Application and all correspondence relating to admission should be sent to "The Registrar, Avinashilingam Institute for Home Science and Higher Education for Women, Bharathi Park Road, Coimbatore - 641 043". (Do not submit the original certificates along with application form. Only self-attested copies of certificates are to be submitted with the application).

DATE OF ENTRANCE EXAMINATION: SATURDAY 13th APRIL 2019

VENUE FOR ENTRANCE EXAMINATION : Avinashilingam Institute for Home Science and Higher Education for Women, Bharathi Park Road (Opp. To TVS), North Coimbatore - 641 043. (Campus - I).

Contact Telephone Numbers : 0422-2980145; 2988997 & 2435550; 9791495527 / 9865128275

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