



# 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

Coimbatore - 641 043, Tamil Nadu, India

## SCHOOL OF ENGINEERING

(Approved by AICTE)

AVINASHILINGAM NAGAR, VARAPALAYAM, CHINNA THADAGAM POST, COIMBATORE - 641 108

### APPLICATION FOR ADMISSION TO II B.E. (LATERAL)\* DEGREE COURSES 20 - 20

(\* For those who completed Three year Diploma course in Polytechnic / Degree Course / Transfer from other Institution)

Application should be filled completely by the applicant only. Incomplete application will be rejected.

FOR OFFICE USE ONLY		TO BE FILLED BY STUDENTS			
Reg. No. <input type="text"/>	Age as on (1.7.2016)	Marks in S.S.L.C.	Marks in DIPLOMA		
Date : <input type="text"/>		Science ..... %	Branch .....		
Fee Rt. No. <input type="text"/>	Eligible / Not Eligible	Maths ..... %	Total Marks Obtained .....		
Adm. No. <input type="text"/>		Total ..... (for 200)	Maximum Marks .....		
Date : <input type="text"/>			Overall % of Marks .....		
Course applied for		Affix Passport Size Photograph taken within a period of 3 months prior to submission of application <b>One more to be submitted at the time of admission</b>			
1. Name of the Applicant in full in English (BLOCK LETTERS) as in the X std Mark list :					
2. Full Name including expansion of initials in BLOCK LETTERS :					
3. Age and Date of birth in Christian Era (as in the X std Mark list) :					
a. Sex : Female <input type="checkbox"/> TG <input type="checkbox"/>					
4. Place of birth Village / Town District State Aadhaar Number :					
5. a) Nationality b) Religion c) Mother Tongue d) Jammu & Kashmir Supernumerary Quota Yes <input type="checkbox"/> No <input type="checkbox"/>					
e) Indicate whether you belong to OC/OBC/SC/ ST with caste If belonging to OBC/SC/ST, an attested xerox copy of Community Certificate should be enclosed, (In case of OBC, recent certificate as per Government of India norms to be produced)		OC	OBC	SC	ST
6. Details regarding Parent / Guardian		Father	Mother	Guardian	
Father, Mother / Guardian's Name Occupation / Designation Annual Income Phone No. Email & Fax No.					
7. Address to which communications are to be sent		Pincode No. <input type="text"/>			
8. A. Are you Differently abled? : Yes / No B. If yes, the Nature of challenge : a) Visual (or) b) Hearing / Speech (or) c) Ortho : C. If so, attach a true copy of Medical Certificate in support of the above					

9. Educational Particulars (Strike out which is not applicable Specify name of subject - wherever needed)						
Details of the Examination Passed *	Register Number	Month & Year of Passing	Class / Grade % of marks	Total Marks obtained	Maximum Marks	No. of attempts
S.S.L.C.						
Hr.Sec.						
Diploma in						
Degree in						
Any other Subjects						

\* Attested Photocopies for the above mentioned details to be enclosed

10. Details of extra curricular activities in the High School or Higher Secondary or Diploma Course	PLEASE TICK (✓)					
	NCC	<input type="checkbox"/>	NSS	<input type="checkbox"/>	Red Cross	<input type="checkbox"/>
	Scouts & Guides	<input type="checkbox"/>	Games - School level			<input type="checkbox"/>
	Games - District level	<input type="checkbox"/>	Games - State level			<input type="checkbox"/>
	Games - National level	<input type="checkbox"/>	Others (Specify)			<input type="checkbox"/>

11. Diploma (Specialisation) :  
Degree (Specialisation) :

12. Branch option preferred  
1.  
2.

13. Do you need hostel accommodation ?  
Yes  No

14. Local Guardian (within 12 km from the hostel)  
Address :  
Phone No. (with STD Code) :  
Mobile No. :  
E-mail :  
Relationship with the student :

15. Relatives who had studied in this Institution previously	Name	Relationship	Year of Study	Department	Present Address

I declare that the particulars given above are correct. I have studied the rules specified in the Institution Prospectus and I agree to abide by the conditions specified therein, if selected.

I further declare that correct marks are furnished by me in the application form and I agree to abide by the conditions that if, after proper scrutiny of my marks, it is found that the marks furnished by me in the application form are not correct, (i) I will forfeit the admission, no matter at what stage of the course I will be in at that time, (ii) I may be debarred from pursuing the studies for a period of three years and (iii) legal action may be initiated against me for furnishing wrong marks.

I am aware of the law on ragging and agree to abide by the punishment meted out on me in case I am found guilty of ragging.

Station :

Date :

Signature of the **Applicant**

Signature of the **Parent / Guardian** with Name

**Note :** Application Form without attestation of marks by a Gazetted Officer / Headmaster / Headmistress / Principal will not be registered. Application and all correspondence should be addressed to the Registrar, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore - 641 043. Please do not submit Original Certificates with this application.