



Application No.

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)

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

APPLICATION FOR ADMISSION TO B.E. DEGREE COURSES 2018 - 2019

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

| | | | | |
|---|---|--------|----------|----|
| 1. Name of the Applicant in block letters (as in the X std Mark sheet) : | Affix Passport Size Photograph taken within a period of 3 months prior to submission of application One more to be submitted at the time of admission | | | |
| 2. Name of the Parent : | | | | |
| 3. Age and Date of birth in Christian Era (as in the X std Mark list) : Sex : Female <input type="checkbox"/> TG <input type="checkbox"/> | | | | |
| 4. Place of birth Village / Town District State Aadhar 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 |
| | Caste : | | | |
| 6. Details regarding Parent / Guardian | Father | Mother | Guardian | |
| Father, Mother / Guardian's Name Occupation / Designation Annual Income Parents Phone Number Email & Fax Number | | | | |
| 7. Address to which communication are to be sent Pincode No. <input type="text"/> | Permanent Address : Pincode No. <input type="text"/> | | | |
| 8. A. Are you Physically challenged? : Yes / No B. If yes, the Nature of challenge a) Blind (or) b) Deaf / Dumb (or) c) Ortho : C. If so, attach a true copy of Medical Certificate in support of the above | | | | |
| 9. Details of Higher Secondary or other equivalent qualifying examination passed : a. Register Number, Month and Year of Passing : b. Percentage of Marks obtained : c. Name of the Higher Secondary School / College last studied : | | | | |

**MARKS / GRADES OBTAINED IN
HIGHER SECONDARY / EQUIVALENT QUALIFYING EXAMINATION**

(Following can be filled after the publication of XII Std. result)

| | | | | | |
|--------------------------------|--------------|---|--------------|-----------------------|------------------------------|
| | Maths 100 | Physics+Chemistry/Biology/Biotech/ Technical Vocational Subject 100 | Total 200 | Entrance marks 100 | Total HSC+Entrance 300 |
| Marks obtained | | | | | |
| No. of attempts for passing | | | | | |

10. Details of Extra Curricular activities in the Higher Secondary

PLEASE TICK (✓)

| | | | |
|------------------------|--------------------------|----------------------|--------------------------|
| NCC/NSS | <input type="checkbox"/> | Red Cross | <input type="checkbox"/> |
| Girls 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. Give the Branch of Engineering that you would like to study as per your order of preference.

- 1.
- 2.
- 3.

12. Do you Need Hostel accommodation ? Yes No

13. Local Guardian (residing in & around max 50 km distance from the campus)

Address :

Phone No.:

E-mail :

Relationship with the student :

14. Mother, Sister, other relative who had studied in this Institute previously

| Name | Relationship | Year of Study | Degree | Present Address |
|------|--------------|---------------|--------|-----------------|
| | | | | |

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

I declare also 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 to me in case I am found guilty of ragging.

Station :

Date :

Signature of the Applicant

Signature of the Parent / Guardian with Name

OFFICE USE ONLY

| | | | |
|--------------------|----------------------|----------------|----------------------|
| Specialisation | <input type="text"/> | Reg. No. | <input type="text"/> |
| Fee Rt. No. / Date | <input type="text"/> | Adm. No./ Date | <input type="text"/> |

Note : 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.

Contact Number :

© 0422-2658145, 2988997, 2435550 ★ E-mail id : hod_sh@avinuty.ac.in / hodshau@gmail.com