

**AVINASHILINGAM UNIVERSITY FOR WOMEN**(Established under Section 3 of the UGC Act, 1956 vide Notification No. F.9-20/84-U3 dated 8th June, 1988 of the Government of India)

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

FACULTY OF ENGINEERING**APPLICATION FOR ADMISSION TO B.E. DEGREE COURSES - 2010-2011**

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

Course applied for <input type="text"/>		Please tick(✓)		
OFFICE USE ONLY		* Higher Secondary Marks %		
Reg. No. <input type="text"/>	Date <input type="text"/>	60-70 % <input type="checkbox"/>	71-80 % <input type="checkbox"/>	
Fee Rt. No. <input type="text"/>	Date <input type="text"/>	81-90 % <input type="checkbox"/>	>90 % <input type="checkbox"/>	
Adm. No. <input type="text"/>	Date <input type="text"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>	MBC <input type="checkbox"/> BC <input type="checkbox"/> OC <input type="checkbox"/>
1. Name of the Applicant in BLOCK LETTERS, as in Higher Secondary mark sheet			Affix recent Passport Size Photograph	
2. Full Name including expansion of initials in BLOCK LETTERS :				
3. a) Age and Date of birth in Christian Era : (as in the SSLC Book)				
b) Place of birth	Village / Town :	District :	State :	
4. a) Nationality :	b) Religion :	c) Mother Tongue :		
d) Indicate whether you belong to SC / ST / MBC / BC / OC (✓) with caste (If belonging to SC/ST, MBC, BC, an attested xerox copy of Community Certificate should be enclosed)				
5. a) Are you Physically Handicapped? b) If so, the Nature of Handicap : i) Blind (or) ii) Deaf / Dumb (or) iii) Ortho c) If so, attach a true copy of Medical Certificate in support of the above.	Yes/ No			
6. Details regarding Parent / Guardian	Father	Mother	Guardian	
Name :				
Occupation :				
Designation :				
Annual income :				
Phone No. Office :				
Residence :				
E-mail & Fax No. :				
7. Address to which communications are to be sent :				
				Pin Code No. <input type="text"/>

8. Details of Higher Secondary or other equivalent qualifying examination passed :
- a. Register Number, Month and Year of Passing :
- b. Percentage of Marks obtained :
- c. College/Higher Secondary School last studied :

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

	Maths 100	Physics + Chemistry 100	Total 200	Entrance marks		Total HSc + Entrance 300
				Maths 50	Physics + Chemistry 50	
Marks obtained						
No. of attempts for passing						

* NOTE : Above marks column can be filled after publication of 12th Std. result

9. 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"/>

10. Give the Branch of Engineering that you like to study as per your order of preference.

1.
2.

11. Do you need hostel accommodation ?

Yes No

12. Local Guardian,

Address :

Phone No. :

E-mail :

Relationship with the student :

13. Mother, Sister, Aunt or other relative who had studied in this University previously	Name	Relationship	Year of Study	Class	Present Address

I declare that the particulars given above are correct. I have studied the rules specified in the University 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.

Date :

Signature of the Applicant

Signature of the Parent / Guardian

Note : Application and all correspondence should be addressed to the Registrar, Avinashilingam University for Women, Coimbatore - 641 043.

Please do not submit Original Certificates with this application.

NB: Date of Entrance Exam : 18.4.2010

Entrance Examination Centre : Avinashilingam University for Women, Coimbatore - 641 043