

## MASS POLYTECHNIC COLLEGE

(Approved by AICTE, Govt. of Tamil Nadu )
CHENNAI SALAI, KALLAPULIYUR (PO), KUMBAKONAM - 612 501.

## APPLICATION FORM FOR ADMISSION IN TO DIPLOMA COURSES.,

YEAR 200 - 200

Name with Initials (as it appears in Certificate)	TTERS) NAME OF TH		1		Applica STRICT	tion No: 744			
Date of Birth	Sex : Male Female			Course	Course :				
Religion & Community						Section :			
Category	SC ST E	C MI	BC / DNC	Other			(in%)		
Nationality									
Mother Tongue		*							
Father's / Guardian's Name	1pluf					Affix Latest, Passport Size			
Relationship of Guardian (if applicable)			tificates	original Cen	is to as	Colour Photo			
Occupation	lar Activities (Attach C	a Curricu	s) Extr	etsofficate	ry (Albert	Games Proficien	et ugo		
Annual Income									
Father's / Guardian's Phone No. (STD Code)	Resi :	140	Offi:		Mobile	Mobile :			
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Annual Income				and a					
Home Address for Communication	Home Name :				to resibtes	Door No. :			
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	Village / Town / City :					ATMO SSR BUILD NO			
nly) Not considered	District / State : had not believed.					Country:			
Local Contact	Name	er Autho	ector/ Of	merpal / Di	19				
Person (Near Kumbakonam if any)	Phone	:				ym	an anima		

SI. No.	Subject	ICTE, Govt.	M4-19	N	Marks			
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Over all %			Total		Letern			
Enclose attested Xerox Copies of all original Certificates  Sports / Games Proficiency (Attach Certificates)			Extra Curricular Activities (Attach Certificates)					
declare that the disciplinary actinformation gives	e above information are ation athat the manage yen above is found to be	Son e true as per origina ement of MASS Po	ARATION  / Daughter of  al record available with me  OLYTECHNIC COLLEGE  or if any relevant information  ales and regulations of the	and I submit the may take in the n is suppressed.	at I consent to any			
Place :		Date :		gnature of the S				
my son / daugl	nall stand by the declaranter / ward obeys all the	ation by my Son/dai	ighter/ward and that I, as a ns of the College into whic Signatu	narent / quardia	n, shall ensure tha een admitted.			
FOR OFFICE Certificates	Fees payment	Δ	dmitted Authorisation (	Office Use Only	/)			
verified by	Receipt No/Date		On hold & to contact on	A state and the state of the state of	ot considered			
		Principal / Direct	or/ Other Authority	Signature	Date			
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Remarks if any								