

(For Sl. No. 10 to 17, put ✓ only on the relevant cell)

10.Category:	UR		ST		SC		OBC		PWD		ESM		MINORITY	
11.Locality:	Rural			Urban		12. Sex:	Male			Female				
13. Date of Birth:							14.Nationality:							
15. Religion:						16.Whether a Permanent Resident of Tripura:	YES			NO				
17.Whether the candidate belongs to BPL Category:						YES				NO				

18.Branch Allotted (By Central Selection Committee):							
19.(a) Common Merit Position:	(b) Category wise Merit Position: (If under ST/SC/ESM/PWD)						
20. Academic Qualification(s):							
Exam Passed	Board	Year	Subject(s)/ Trade	Qualifying Marks	Grand Total	Total Marks obtained	Overall % /CGPA

21. (a) Guardian Name (If father or mother is not alive):	
(b) Relationship with Guardian:	

Additional information of students			
Aadhaar Card No.:		Blood Group:	
Email Address:		WhatsApp No.:	

I hereby solemnly and sincerely affirm that the information furnished in the application and also in the enclosures are true to the best of my knowledge and belief.

I also declare that I shall abide by the rules and regulations of the Institution enforced and any amendment thereof made from time to time. I shall also abide by the rules and regulations of Tripura University.

Signature of the Student with date

Counter Signed by Father / Mother / Guardian with date

Self Declaration against RAGGING in the form of Affidavit by the applicant

I, Sri/Smt..... Son/Daughter of
Sri/Smt./Late..... resident of
Vill/City/Town.....
P.O..... P.S.....
Dist..... State do hereby solemnly declare
that I am aware of the appeal No. 887 Date 08.05.2009 and in Regulations No.37-3/Legal/AICTE/2009
dated 01-07-2009 to prohibit, prevent and eliminate the curse of ragging as well as the punishment to be
meted out if I am found guilty of the offence of Ragging and/or abetting Ragging and is liable to be punished
appropriately.

Place:-

Date:-

Signature of the Student

Declaration of Father/Mother/Guardian against RAGGING in the form of Affidavit

I, Sri/Smt..... Father/Mother/Guardian
of Sri/Smt. of Vill/City/Town
..... P.O.
Dist..... State do hereby solemnly declare that I am aware of the
law/directions of the Honourable Supreme Court and Regulations of AICTE to prohibit, prevent and
eliminate the curse of ragging as well as the punishment to be meted out if my ward is found guilty of the
offence of ragging and /or abetting Ragging.

Place:-

Date: -

Signature of the Father / Mother / Guardian

List of Enclosure:-

1. Medical fitness certificate printed overleaf to be duly filled in by Authorized Govt. Medical Officer.
2. Original **Seat Allotment letter** from Central selection Committee.
3. Institute's copy of **Admission Fee Deposit Slip**.
4. Self attested copy of Admit card of Madhyamik or Equivalent Examination issued by the Board as proof of age.
5. Self attested copies of Mark Sheets of (i) Madhyamik and (ii) Qualifying Examination for Lateral Entry Admission.
6. Self attested copy of PRTC from appropriate Authority.
7. Self attested copy of SC/ST/PWD/EX-Serviceman/OBC Certificate from appropriate Authority.
8. Migration Certificate for the Candidates from Board/University other than TBSE/Tripura University.
9. Character Certificate from the Headmaster/Principal of the Institute where last attended.
10. Recent two nos. passport size photographs (One photograph to be affixed on the application form).
11. Self attested copy of Aadhaar Card and Bank passbook.
12. Undertaking in prescribed format indicating her/his employability/non-employability status.

MEDICAL EXAMINATION REPORT

- | | |
|---------------------------------------|----|
| 1.Name of the Applicant | :- |
| 2.Father's Name | :- |
| 3.General Appearance | :- |
| 4.Physical Deformity (if any) | :- |
| 5. (a) Height (in cm.) | :- |
| (b) Weight (in kg.) | :- |
| (c) Chest Measurement (in inch) | |
| (i) Complete Expiration | :- |
| (ii) Full inspiration | :- |
| 6. (a) Condition of Teeth | :- |
| (b) Condition of Gum | :- |
| (c) Condition of Tongue | :- |
| (d) Condition of Ear | :- |
| (e) Condition of Throat | :- |
| 7. Respiratory System | :- |
| 8. Eye Vision | :- |
| 9. Colour Blindness (specify, if any) | :- |
| 10. Others (if any) | :- |

Signature of the candidate
(To be signed in front of the M.O.)

REMARKS OF MEDICAL OFFICER

I have examined Sri/ Smt.....
and consider him/her **fit** / **unfit** for undertaking technical education.

**Signature of the Medical Officer
with Seal and Designation**

FOR OFFICIAL USE

Signature with date of the official
on Scrutiny

Signature with date of the official of
Cash section on receipt of Admission
Fee Deposit Slip

Signature with date of the official of
Academic Section on receipt of form

Signature of the Principal/Principal in-charge