

12. Sex:	Male	Female	13. Date of Birth:						
14. Nationality:			15. Religion:						

16. Whether a Permanent Resident of Tripura:	YES	NO
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17. Whether the candidate belongs to BPL Category:	YES	NO
(If yes, produce attested copy of BPL Ration Card / BPL Certificate issued by competent authority)		

18. Branch Allotted (By Central Selection Committee):	
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19.(a) Common Merit Position:		(b) Category wise Merit Position: (If under ST/SC/XS/PH)	
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20. Academic Qualification of Madhyamik or Equivalent Examination:								
Exam Passed	Board	Year	Main Subject	Full Marks	Marks Obtained	Grand Total	Total Marks obtained	Overall % /CGPA
			English					
			Mathematics					
			Physical Science/ Science					
			Total					

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

Additional information of students			
Aadhaar Card No.:		Blood Group:	
Bank Account No.:		Bank name:	
Bank Branch:		IFSC Code:	
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
..... PO.....

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. Attested copy of Admit card of Madhyamik or equivalent or Examination issued by the Board as proof of age.
2. Attested copy of Mark Sheet of Madhyamik or Equivalent Examination.
3. Attested copy of PRTC/Citizenship Certificate from Competent Authority.
4. Attested copy of SC/ST/PH/EX-Serviceman/OBC Certificate from appropriate Authority.
5. Migration Certificate for the Candidates from Boards other than TBSE.
6. Character Certificate from the Headmaster of the school where last attended.
7. Recent two nos. photograph (One photograph to be affixed on the application form).
8. Original Nomination letter from Central selection Committee/Original Nomination letter from DHE for nominees of the other states.
9. Medical fitness certificate printed overleaf to be duly filled in by Authorized Govt. Medical Officer.
10. Attested copy of BPL card, in case of BPL Candidates.
11. Recent original Income certificate from SDM (from DDO in case of salaried employee).
12. Attested copy of Aadhaar Card and Bank passbook.
13. Institute's copy of Bank Challan and Declaration form.

MEDICAL EXAMINATION REPORT

1. Name :-
2. Father's Name :-
3. General Appearance :-
4. Physical Deformity (if any) :-
5. (a) Height (in cm) :-
- (b) Weight (in kg) :-
- (c) Chest Measurement :-
- (i) Complete Expiration :-
- (ii) Full inspiration :-
6. Condition of Teeth :-
- Gum :-
- Tongue :-
- Ear :-
- Throat :-
7. Respiratory System :-
8. Eye Vision :-
9. Colour Blindness :-
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 and Designation
with Seal of the Medical Officer

FOR OFFICIAL USE

Signature with date of the officer
in-charge of Scrutiny

Signature with date of the official of
Cash section on receipt of payment

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

Signature of the Principal/Principal in-charge