



**GOVERNMENT OF TRIPURA**  
**GOMATI DISTRICT POLYTECHNIC**

**P.O: Fulkumari, Udaipur, Gomati Tripura**

**Pin-799013**

**Website: [www.gdp.nic.in](http://www.gdp.nic.in)**

Affix  
Candidate's  
recent  
passport  
size  
photograph

**FORM NO:GDP-**

**YEAR: 2024**

**COURSE: DIPLOMA ENGG.**

**APPLICATION FORM FOR ADMISSION TO FIRST SEMESTER IN CIVIL ENGINEERING/  
ELECTRICAL ENGINEERING/COMPUTER SCIENCE AND TECHNOLOGY  
(SIX SEMESTER DIPLOMA PROGRAM)**

**Academic Year: 2024 - 2025**

1. Name of the Applicant (In Block Letter):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

2.Father's Name:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

3.Occupation:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

4.Monthly Income:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

5.Mother's Name:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

6.Occupation:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

7.Monthly Income:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

8.Permanent Address:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Contact No.  
of father:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Contact No.  
of mother:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

PIN Code:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

9.Present Address:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Contact No.  
of guardian:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

PIN Code:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Mobile No.  
of student:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(For Sl. No. 10 to 17, put  $\checkmark$  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     |          |  |
| (If yes, produce attested copy of BPL Ration Card / BPL Certificate issued by competent authority) |       |  |    |       |    |  |  |      |     |  |     |        |          |  |

|   |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|---|--|--|--|--|--|--|--|
| 18. Branch Allotted (By Central Selection Committee): |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| 19. (a) Common Merit Position:                        |  |  |  |  |  |  | (b) Category wise Merit Position:<br>(If under ST/SC/ESM/PWD) |  |  |  |  |  |  |  |

| 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/<br>Science |            |                |             |                      |                 |
|  |       |      | <b>Total</b>                 |            |                |             |                      |                 |

|   |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| 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/Original Nomination letter from DHE for nominees of the other states.
3. Institute's copy of **Admission Fee Deposit Slip/Challan copy**.
4. Self attested copy of Admit card of Madhyamik or Equivalent Examination issued by the Board as proof of age.
5. Self attested copy of Mark Sheet of Madhyamik or Equivalent Examination.
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 Boards other than TBSE.
9. Original Character Certificate / School Leaving Certificate from the Headmaster/Principal of the school where last attended.
10. Recent Three (3) nos. photographs (One photograph to be affixed on the application form).
11. Self attested copy of Aadhaar Card.

**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