**COLLEGE OF ENGINEERING TRIKARIPUR, CHEEMENI**  
 P.O. Cheemeni, Pin -671313 (Ph: 0467-2250377,2250977,)

Application for SPOT Admission against the anticipated vacancy seats for B-Tech in the Engineering College under CAPE for the year 2018-19

1. College to which applying : COLLEGE OF ENGINEERING TRIKARIPUR,CHEEMENI
2. Name of Candidate (in block letters) : …………………………………………………..
3. Name of Guardian with relationship : ………………………………………………….
4. Permanent address (in block letters) :……………………………………………………  
    ……………………………………………………  
    ……………………………………………………
5. Address (in block letters) for communication   
   (if different from above) : ……………………………………………….  
    ………………………………………………..  
    …………………………………………………  
    …………………………………………………
6. Telephone Number: STD Code: ………………Number: …………………Mobile: ………………
7. Date of Birth :
8. Whether a Native of Kerala :
9. Whether included in the Kerala Entrance Examination  
   Rank list 2018 and rank
10. Qualifying Examination passed : HSC/CBSE/ISC/VHSE/Other (Specify below)  
     ……………………………………………….
11. Marks secured in the qualifying examination

|  |  |  |
| --- | --- | --- |
| Subjects | Maximum Marks | Marks Secured |
| Mathematics |  |  |
| Physics |  |  |
| Chemistry |  |  |
| TOTAL |  |  |

1. Choices of courses given in the order of preference

|  |  |
| --- | --- |
| Choice No: | Name of Course |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |

13. List of documents (photocopy) to be enclosed:

1. Admit card of the Entrance Examination 2018 conducted by CEE
2. Rank certificate / Data Sheet
3. Mark list of the qualifying examination
4. SSLC/CBSE/VHSE
5. Transfer Certificate

14. List of original documents to be produced at the time of interview

1. SSLC & PLUS TWO

2. TC& Conduct Certificate

1. Medical fitness Certificate

DECLARATION

I do hereby affirm that all the particulars furnished above are true to the best of my knowledge and belief and that I shall abide by the rules and regulation for admission in the self-financing Engineering Colleges under the Co-Operative Academy of Professional Education.

Place:   
Date:

Signature of Parent / Guardian Signature of candidate

………………………………………..(for office use only)……………………………………………...

Admission No: Date of Admission Branch

PRINCIPAL