



Application form for Diploma Admission

Sri Polytechnic, Komand

AT/P,O-KOMAND, DIST-NAYAGARH, (ODISHA) PIN-752 090, MOB:9938877887

E-mail: sripolytechnic08@gmail.com, Web site: www.srisikhya.com

Session-

(For Office Use Only)

Verified By:

Index No.

(To be filled by the candidate in their own handwriting only)

Trade in which admission is desired in order of preference:-

1. _____

Blood Group : _____

2. _____

Aadhar No.: _____

3. _____

1. Name of the Applicant _____

(In Block Letter)

2. Father's Name _____

3. Mother's Name _____

4. Guardian's Name _____

(If other than father)

5. Occupation of Father / Guardian _____

6. Permanent Address _____

: At: _____ Po. _____

PS. _____ Block _____ Dist. _____ State: _____

Pin: _____ Contact No. _____

7. Present Address _____

: At: _____ Po. _____

PS. _____ Block _____ Dist. _____ State: _____

Pin: _____ Contact No. _____

8. Date of Birth, in figures: Day _____ Month _____ Year _____

In words _____

9. Age _____ 10. Sex _____ 11. Nationality _____

12. Religion _____ 13. Married / Unmarried _____

14. Whether belongs to Schedule Caste or Schedule Tribe : _____

(A certificate from appropriate authority to this effect must be attached)

15. ACADEMIC HISTORY OF THE CANDIDATE:

Examination Passed	Institutions Studies	Division	Full Marks	Marks Obtained	% of Marks

16. Documents / Photo Copies of Certificate etc. attached
(As per the instruction of the prospectus)

(Original)

(Photo Copy)

i) _____

i) _____

ii) _____

ii) _____

iii) _____

iii) _____

iv) _____

iv) _____

17. If admitted, I propose to reside with (Put ✓ Mark)

Institution Hostel	Parent of Recognized Guardian	Private mess

18. UNDERTAKING

I declare that the particulars furnished in this form are true to the best of my knowledge & belief I do hereby agree to abide by the rules and regulations of Sri Polytechnic and I also hereby understand that, should any instanced of indiscipline and disobedience or the rules laid down by the Government or any authority empowered by them in this regard and / or should any conduct in the institute, if found not satisfactory, my name will automatically be struck off from the roll and prepared to pay any type of punishment as deemed fit or any fine imposed on me by the institution.

Date:

Placed:

Signature of the Parent /
Legal Guardian

Full Signature of the Applicant

(Full Present Postal address
to be written on this Index
Card by the applicant affixing
appropriate postage stamp)

Post Card

To, _____

