

Sri Eshwar College of Engineering (An AUTONOMOUS Institution | Affiliated to Anna University, Chennai)





Kondampatti (P.O), Vadasithur (Via), Kinathukadavu, Coimbatore - 641 202. Tel: 04259 200300 Cell: 73736 17171, 97153 17171 Fax: 04259 200305 E-mail: sece@sece.ac.in Web: www.sece.ac.in

CHECKLIST

Name of the Student :						e:
Year and B	ranch : B.	E. / B.Tech./ M.E./ I	_ateral Entry			_
Put √ ma	ark	Hostel College Bus Ou		Out Bus		
					<u> </u>	
	llowing Original		ıbmitted by the stu			
Sl.No.		Particulars	1	Subm	nitted	Not Submitted
1.	College Applica	tion Form				
2.	Annexure I					
3.	Annexure II					
4.	Annexure III					
5.	10 th Mark shee	t				
6.	+1 Mark Sheet					
7.	+2 Mark sheet					
8.	For Lateral Ent	•				
		idated Mark Sheet				
		onal Certificate/Dip	oloma Certificate			
9.	Community Ce					
10.		ficate (If Studied in	n other State)			
11.	Transfer Certifi					
12.	Conduct Certifi		·			
13.	Aadhar card	of the above Certif	ficates (Each 2 No	s.) +		
14.	Physical fitness	Certificate				
15.		size - Student (3 N	•			
16.			. Mother Photo 1 N	o.)		
17.	Transport Appl					
18.	Hostel Applicat					
			pplicable for Gove	nment Quota	student	s only
19.	Allotment orde					
20.	First Graduate	Certificate				
21.	First Graduate	Concession - Joint (Declaration Form			
22.	Income Certific	ate				
	The foll	owing Fees is app	licable for Manage	ment Quota st	udents	only
23.		n of Managemen	ement Quota Stude t of Coimbatore <i>I</i>	Anna	L -	
				[(ror Uttic	e use only)



(Approved by AICTE, New Delhi & Affiliated to Anna University, Chennai) Kondampatti (Post), Vadasithur (Via), Kinathukadavu, Coimbatore - 641 202. Tel: 04259 200300 • Cell: 73736 17171 • Email: sece@sece.ac.in • Web: www.sece.ac.in

APPLICATION FORM

PERSONAL INFORMATION					
Student Name					
		Male Female			
Preferred Course		Quota:			
The state of the s		G.Q M.Q			
Venus T Venus B E / B Teeh	Lateral Entry				
Year: I Year B.E / B.Tech	Lateral Entry	I Year M.E Others			
	(Applicable for G.Q only	TA-			
Counselling Application No. Coun.Overall Rank	Coun.Community Rank G.Q.				
		Whether First Graduate?			
Permanent Address (Door No, Street, Taluk, Dist, Pind	code) Te	mporary Address (Door No, Street, Taluk, Dist, Pincode)			
	Pincode -	Pincode -			
Date of Birth Community Caste Nam	e (As in Certificate)	Religion Nationality			
Self Mobile No. Blood Group	Date of Admission	Mother Tongue Aadhar Number			
Self Whatsapp No. Self Email ID		Nominee for Accident Insurance Covered by SEC			
	Descript Heid	tal Assessment debias 75 V			
Require College Transport If Yes, Boarding		tel Accommodation If Yes			
Yes No	Yes	No Veg Non-Veg			
Siblings studying in SECE If Yes, Name of the	Sibling Roll No.	Department Year of Admission			
Yes No					
Career Option: Placement Govt	Job Higher Studies: ME	E MBA Entrepreneurship Marriage			
PARENTAL INFORMATION					
Name of the Father		Qualification			
On the Control of the	<u> </u>				
Occupation (Recent) Annual Inco	work Info: (Govt/	Private/Others & Company Name) Designation			
Father Mobile No. Father	· Email ID	Esthou Whataana Na			
rather Mobile No.	Lindii 1D	Father Whatsapp No.			
Name of the Mother	Qualification				
Nume of the Piocher	Quanication				
Occupation (Recent) Annual Inc	come Work Info: (Govt/	Private/Others & Company Name) Designation			
Mother Mobile No. Mother	r Email ID	Mother Whatsapp No.			
	10 a 10 m 5 m 7 m 7 m 6 m 6 m 6 m 6 m 6 m 6 m 6 m 6				
Name of the Guardian	U 2 W 10 W 20	Qualification			
Occupation (Recent) Annual Inc	come Work Info: (Govt/	Private/Others & Company Name) Designation			
Guardian Mobile No. To send SMS Guardia	an Email ID. To send Email	Guardian Whatsapp No.			

SC	HOOL DETAILS					
10	th Std					
S	chool Name:			Month & year	of Passing:	
М	ledium of study:		Marks Obtained		Out of(Total ma	arks):
9	School Address		Reg	no:		
			Cer	tificate no:		
	Pincode:	District:	CCI	uneace no.		
11	th Std	District				
	chool Name:			Month & year	of Passing:	
	ledium of study:	1	Marks Obtained	Section - Commission - Commissi	Out of(Total ma	arks):
9	School Address		Doo			
			220-1	no:		
	Wall from the respective		Cer	tificate no:		
	Pincode:	District:				
A CONTRACTOR OF THE PARTY OF TH	Sc. / CBSE / Diploma			10		
S	chool Name:		professional and the second	Month & year	of Passing:	
М	ledium of study:		Marks Obtained		Out of(Total ma	arks):
,	School Address		Reg	no:		
			Cer	tificate no:		
	Pincode:	District:				
CII	BJECT MARKS IN 12 T	TH / DIDLOMA			CUT OFF MA	DVS
30	processors.	ect/ Semester	Marks Obtain	ed / Total Marks	Subject	Out of
	Subje	ey semester	Pidrics Obtain	/	Mathematics	/100
			- 1	1	Physics	/100
			79	1	Chemistry	/100
				1	Total out of:	/200
			=11	1		·
				1		
				1		
		Tota	al	1	% of Marks	
	SOURCE OF INFOR	MATION ABOUT SRI ESH	WAR COLLEGE O	ENGINEERING		
	Parents	Eshwarites	Advertisement	Newspaper	Website	
	Friends & Relatives	Education Fairs	T.V P	osters	Others	
		DECLARATION BY CA	ANDIDATE AND F	ARENT / GUARD	DIAN	
	 I hereby declare that the knowledge. 	the information furnished in thi	is application form i	s complete, accurat	e, true and correct	to the best of my
	 If any information furn admission, I understar 	nished by me here is found to be nd that, I will be denied admiss	sion at any stage of			
		cancelled without any claim or c		ad		
	 I Promise to abide by the Signature of the Parent/of Date: 	he rules and regulations of the C Guardian	Loilege, IT I am admit		f the Student	
		ILL THE APPLICATION FOL	-			

Read the Application form carefully before filling it
 2. Use blue / black Ball Point only
 3. Write your name in capital letters
 4. Fill up all the columns
 5. Affix your recent passport photo, do not staple the photo.
 6.Certificates in the attached checklist is to be submitted along with application

ANNEXURE 1

AFFIDAVIT BY THE STUDENT

l,	(full
name	of student with admission / registration / enrolment number), S/o - D/o Mr. / Mrs. / Ms.
1)	having been admitted to Sri Eshwar College of Engineering, Coimbatore have received and download a copy of UGC regulations on curbing the menace of Ragging in Higher Educational Institutions, 2009 (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
2)	I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3)	
,	aware of the penal and administrative action that is liable to be taken against me in case I am
	found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4)	I hereby solemnly aver and undertake that
ŕ	 a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
	b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5)	I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
ŕ	I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.
Decla	red this day of month of year
Signa	ture of Deponent:
Name	: VERIFICATION
affidav	that the contents of this affidavit are true to the best of my knowledge and no part of the vit is false and nothing has been concealed or misstated therein. Verified at (place) on this (day) of (month) (year)
Signa	ture of deponent
	anly affirmed and signed in my presence of this the (day) of month (year) after reading the contents of this affidavit.

ANNEXURE 2

AFFIDAVIT BY PARENT / GUARDIAN

I,						Mr. / Mrs. / Ms. (full
name	of p	arent / gua	rdian) father / mo	ther / guardian of		
(full na	me	of student	with admission /	registration / enrolme	ent numer),	
re	ceiv gher	ed a cop Education	y of the UGC nal Institution	regulations or	curbing the mena	Coimbatore have ace of Ragging in tions") carefully read
2)		nave, in pa nstitutes ra		d clause 3 of the	Regulations and am	aware as to what
3)	aw cas	are of the se he/she	penal and admir	nistrative action that for abetting ragging	is liable to be taken	ulations and am fully against my ward in y, or being part of a
4)	Ιh	ereby soler	mnly aver and un	dertake that		
	a)		will not indulge in of the Regulations		that may be constitu	ted as ragging under
	b)				pagate through any a der clause 3 of Regul	act of commission or ations.
5)	cla	use 9.1 of	the Regulations	s, without prejudice t		shment according to action that may be in force.
6)	ins co	titution in nspiracy to	the country on a promote, ragging	account of being fou	nd guilty of, abetting hat, in case the declar	om admission in any g or being part of a aration is found to be
Decla	red	this	_ day of	month of	year	
Signa	ture	of Depon	ent:			
Name		•				
Addre	SS :					
Telepi	non	e / Mobile	No :	VERIFICATION		
affidav	it is	s false an	nd nothing has	been concealed or	•	e and no part of the Verified at (place) (year)
•				•	day) of mo	onth (year)



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Annexure III **DECLARATION FORM**

I hereby solemnly and sincerely affirm:

- 1. That the statements made and information furnished in my son's / daughter's / ward's application as also in all the enclosures thereto submitted by him / her are true. Should it however, be found that any information furnished therein is untrue in material particulars. I realise that I am liable to criminal prosecution and I also agree to the forfeiture of the seat in the institution.
- 2. That I have read the eligibility regulations and am satisfied that my ward is for admission to the course, as per University, Government norms.
- 3. That my son / daughter /ward would confirm strictly to all the rules and regulations in for or which may be introduced in the institution hereafter and that I realise that breach of discipline and rules on my son's/daughter's/ ward's part would entail summarily forfeiture of his /her seat in the institution.
- 4. That I am aware that if my son / daughter / ward does not put in a minimum of 75 percent attendance in each course during the semester, my son/daughter/ward will not be eligible to write the semester examinations in that course and will have to repeat the course as and when offered next.
- 5. That I am aware that the curriculum for the various courses is liable to be revised or modified and that my son/daughter/ ward will follow the syllabi for the various courses in force at the time of his her admission and that any revision or modification made in the syllabi during the course of his / her study in the institution will be binding on him / her.
- 6. That in case of my son's / daughter's / ward's progress in studies is uniformly poor in the institution his/ her studies are liable to be terminated by the issue of Transfer Certificate.
- 7. That in case my son / daughter / ward becomes a scholarship holder or comes to enjoy educational concessions like half fee or full fee etc., and does not show special progress, the scholarships or educational concessions are liable to be cancelled and that if my son's / daughter's/ ward's conduct and character are not good these will be cancelled summarily.
- 8. That my son / daughter / ward is aware that breach of discipline and rules or bad conduct in extra curricular activities will also entail summarily forfeiture of seat in the institution, in addition to such other proceedings that may be taken against him / her.
- 9. That I am aware that if my son / daughter / ward is admitted into the hostel he / she will strictly abide by the rules and regulations in force in the hostel and that any breach of discipline or rules or any unruly conduct or undesirable activities will be summarily dealt with by the forfeiture of seat both in the hostel and the institution in addition to such other proceedings that may be taken against him / her.
- 10. That I and my son / daughter / ward are aware that the Sri Eshwar College of Engineering is an Autonomous College framing its own courses, curricula and assessment systems. We agree that my son / daughter / ward will be bound by and abide by such rules and regulations relating to curricula, examination assessment and other academic matters as may be framed from time under the autonomous functioning of the Sri Eshwar College of Engineering.
- 11. That we shall not seek for transfer to any other Engineering College during, the 3years/4 years tenure of study of my son / daughter / ward under any circumstances.

(Signature of the Candidate)

(Signature of the Parent)

Name of the Candidate (in BLOCK LETTERS)

(With Name and Address)



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PHYSICAL FITNESS CERTIFICATE

I	do ł	nereby d	certify	that	Ι	have	exa	mined
Thiru / Selvi _				a candidat	e for a	dmission		
							Progr	amme
		he does not h						bodily
infirmity	except (*) _							
(*) I do not co	onsider this	as a disqualifi	cation for u	ndergoing	the co	urses in Eng	ineerin	J .
His / H	ler age acco	ording to his /	her own s	statement	is			year
and by appear pox /	rance about	C	ye	ears. He/	She h	as marks of	small	
vaccination.								
Personal ma	rks of ider	ntification						
1.								
2.								
۷.								
Blood Group	& Rh Typ	e :						
General Exa	mination:	Height	cms;	Weight	<u> </u>	_kgs.		
		Pulse	/ Min;	B.P		mm Hg		
		Resp. Rate _	/ Mi	n; Insp	c	ms; Exp		
		cms						
Date :			Sig	nature of	Medica	al Officer wit	h Seal	
Place :								
(*) Any defect	or other dis	abilities when	present sho	ould be no	ted in	detail.		



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Affix your recent Passport size photo

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TRANSPORT APPLICATION

Name of the Student :

Roll No (To be filled later) :

Branch and Year of Study :

Address for Communication

(with contact No.)

Parent /Guardian Contact No. :

Boarding Place (Bus Stop) :

Bus Route (Refer Website for Details) :

Bus No. (Refer Website for Details) :

Transport Fee per annum :

Transport Fee Status : YES / NO

Date of Issue of Bus Identity Card :

Other Information :

Signature of the Student

Signature of the Parent

Signature of the Class Advisor

Signature of the Cashier

Signature of the Transport Officer



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Room No.:

	HOSTEL APPL	ICATION	N	I.Q G.Q
Name :		Sex	: Male/Female	
Roll No:		Semester	Branch:	
Date of Birth		Blood Group :		
State				
Student Mobile No :		Student Whatsapp No) :	РНОТО
Name and Occupation of Fathe	r:			PHOTO
Father Mobile No :		Father Whatsapp No	:	
Address with Pincode:				
Name and Occupation of Mothe	er:			
Mother Mobile No :		Mother Whatsapp N	o :	
Address with Pincode:				
Name,Occupation and Address	of local Guardian/	Visitors if any :		
1.	2.		3.	
Guardian Mobile No:		Guardian Whatsapp	No :	
Food Type: Veg / Non-Veg				
	<u>Decl</u>	aration_		
I hereby declare that I wi	Il obey all the rules	and regulations of the	Hostel	
Date :	Signature of th	e Parent	Signature of	the Student

FIRST GRADUATE CONCESSION -JOINT DECLARATION FORM

I hereby declare the following details of my family members and their education qualifications to avail the tuition fee waiver for my studies in professional courses under the scheme of waiver of tuition fees to the students from the family where there are no graduates.

SI. No	Name	Relationship Father / Mother / Brother / Sister / Grand Father / Grand Mother	Age	Educational Qualification	Whether Degree holder
(1)	(2)	(3)	(4)	(5)	(6)
		Applicant			
		Father			
		Mother			
		Father's Father			
		Father's Mother			
		Mother's Father			
		Mother's Mother			
		Brother / Sister			
		Brother / Sister			

I hereby solemnly and sincerely affirm that I am the first person from my family to claim the waiver of Tuition Fee for entire Professional Course of study and there is no graduate in my family so far. The particulars furnished above are true. Should it, however, be found that any information furnished therein is false in material particulars on verification at a large stage, I am liable for criminal prosecution and I also agree to return the amount equal to three times the tuition fee waiver availed by me.

Date:	
Place :	SIGNATURE OF THE CANDIDATE

I solemnly and sincerely affirm that I am fully aware of the above declaration and the particulars furnished in the declaration are correct. I am liable for the criminal action / recovery of amount equal to three times of the fees waived, for incorrect particulars furnished.

Data	٠	
Date	٠	

Place: SIGNATURE OF THE PARENT / GUARDIAN