

# GOVT POLYTECHNIC EDUCATION SOCIETY, UTTAWAR (PALWAL)

## APPLICATION FORM FOR DIPLOMA ENGG & DIPLOMA ENGG (LATERAL ENTRY) ADMISSION 2024-2025

(Tick any one the check box for the course applied)

DIPLOMA ENGG

DIPLOMA ENGG.(LATERAL ENTRY

1 Name of the candidate \_\_\_\_\_ (As per 10<sup>th</sup> mark sheet)

2 Father's Name \_\_\_\_\_

3 Mother's Name \_\_\_\_\_

4 Gender \_\_\_\_\_

5 Date of Birth \_\_\_\_\_

6 Aadhar No (Attach Document) \_\_\_\_\_

7. Family ID (PPP No) \_\_\_\_\_

7 Haryana Residence Certificate (Yes/No) (Attach Document) \_\_\_\_\_

8 Category (Attach Document) \_\_\_\_\_

9 Whether apply under MAR Quota or not : Yes/No

(If yes then, Mewat Area Certificate No. \_\_\_\_\_)

10 10th mark sheet (Attach Document)

Sr. No	Qualifying Exam	Roll No	Board	Marks Obtained	Total Marks	%age/CGPA
1.	10 <sup>th</sup>					
2.	10+2/ITI					

11 Complete Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12 Contact No/ Mobile No \_\_\_\_\_

13 Any Special Category (Attach Document) KM/FF/ESM/TFW/PH/HGST

14 E-mail ID \_\_\_\_\_

### Branches available in the institute:

1. Civil Engg.
2. Computer Engg.
3. Electronics & Communication Engg.
4. Mechanical Engg.
5. Office Management & Computer Application

Preference of Branches (To be filled by the Candidate).

Choice No (i) \_\_\_\_\_ Choice No (ii) \_\_\_\_\_

Choice No (iii) \_\_\_\_\_ Choice No (IV) \_\_\_\_\_

Choice No (v) \_\_\_\_\_

### Declaration:

I hereby certify that the information given by me in admission form is correct to the best of my knowledge and belief. In case any information given in this application proves to be false or incorrect, I shall be responsible for the consequences.

Place:

Date:

(Signature of Candidate)

**Note: - All relevant attach documents should be self-attested / Gazetted officer.**

**For office use only**

Documents Verification Team Document Verified Signature of Committee  1 _____ 2 _____ 3 _____	Seat Allotment team Seat Allotted in _____ Under Category _____ Signature of Committee  1 _____ 2 _____ 3 _____
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