

**GOVT POLYTECHNIC EDUCATION SOCIETY, UTTAWAR (PALWAL)**

**ADMISSION FORM FOR SESSION 2026 -2027**

Pls Tick  any One

DIPLOMA ENGG  DIPLOMA ENGG (LATERAL ENTRY)  DIPLOMA PHARMACY

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) \_\_\_\_\_
8. Haryana Residence Certificate (Yes/No) (Attach Document) \_\_\_\_\_
9. Category SC/BC/EWS/TFW/PH (Attach Document) \_\_\_\_\_
10. Whether apply under Mewat Area Quota or not: Yes/No
11. 10<sup>th</sup>/ 10+2/ITI 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 Student Mobile No \_\_\_\_\_ Father 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 6. Pharmacy

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

- Choice No (i) \_\_\_\_\_ Choice No (ii) \_\_\_\_\_  
 Choice No (iii) \_\_\_\_\_ Choice No (IV) \_\_\_\_\_  
 Choice No (v) \_\_\_\_\_ Choice No (VI) \_\_\_\_\_

**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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