



Form No _____

C.H.MOHAMMED KOYA MEMORIAL
STATE INSTITUTE FOR THE MENTALLY CHALLENGED

Under General Education Department, Govt. of Kerala

(AN ISO 9001-2008 CERTIFIED INSTITUTION)

Pangappara P.O, Trivandrum, Kerala, India,

Pin-695581, Tel: 0471-2418524, 6444052

Email:tvmsimc@gmail.com, Web: www.simctvm.in

Academic Session 2016-17

Self attested
photograph of
applicant

APPLICATION FOR ADMISSION TO : _____

1. Name of the applicant : _____
2. Name of the Parent/Guardian : _____
3. Date of Birth(dd/mm/yy) : _____ Age in years & months : _____
4. Gender : Male/Female/Others _____ Marital Status : _____
5. Nationality : _____ Domicile : _____
6. Category : SC ST OBC PH Gen
7. Annual Family Income (from all sources) : _____
8. Address for :

	Currrespondence	Permanent
State		
Pin code		
Tel. Number		
Email ID		

9. Details of examinations passed:

S.N	Name of the exam passed	Name of the Board/University	Year of passing	Total Marks	Marks obtained	% Obtained	Subjects
1.	SSLC/X th Std.						
2.	HSC/XII Std						
3.	Any other						

Declaration :

I hereby declare that all the statements made by me in this application, to the best of my/our knowledge, are true, complete and correct. If found incorrect or false my candidature/admission may be treated as cancelled at any stage.

Applicant's Signature : _____ Parent/Guardian' Signature: _____

Note: Self attested copies of caste, domicile and income certificates, mark sheet etc should be enclosed with the application form.

Acknowledgement

Form No. _____

Received Application from _____ S/o/D/o/W/o _____
for admission to(Name of the course): _____ for the academic session 2016-17.

Date:

Receiver's Signature