

**ADMISSION FORM FOR DIRECT ADMISSION TO DIPLOMA LEVEL COURSE
FOR THE ACADEMIC SESSION 2024-25**

Form No. _____



**C H Mohammed Koya Memorial
STATE INSTITUTE FOR THE
MENTALLY CHALLENGED (SIMC)**

(An Autonomous Institution under General Education Department, Govt.of Kerala)

Pangappara P.O, Thiruvananthapuram, Kerala, India-695581

Email:tvmsimc@gmail.com, Web-www.tvmsimc.in, Telephone-0471-2418524



Application form for admission to **(Name of the course) :**

1	Student's Name								
2	Father's Name								
3	Mother's Name								
4	Date of Birth (DD/MM/YYYY)								
5	Gender	Male	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>	TRANSGENDER	<input type="checkbox"/>	<input type="checkbox"/>	
6	Nationality								
7	Aadhar Number								
8	Category	Gen	<input type="checkbox"/>	OBC	<input type="checkbox"/>	SC	<input type="checkbox"/>	ST	<input type="checkbox"/>
9	PwD	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
10	Are you Parent/Sibling of PwD	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
11	If yes, mention UDID number or UDID enrolment number								
12	Do you belong to EWS Category								

13	Permanent Address		Correspondence Address		
	Address				
	Village/City				
	District				
	State				
PinCode					
14	MobileNumber :		Email ID :		

15. Educational Qualification:

Name of the Examination passes	Board/ University	Year of passing	Total Marks	Marks obtained	% obtained	Subject(s)
10th						
12th						
AnyOther						

Declaration

I here by declare that all the information and documents furnished by me is true and correct to the best of my knowledge and belief. In the event of any information being found incorrect or misleading, my candidature shall be liable for cancellation of admission by the NBER, RCI or training institutes concerned at any stage.

Name and Signature of the Applicant

Note : Self attested copy of caste, educational qualification and UDID(PwD) certificate (if applicable), any other relevant documents to be enclosed along with the application form.

Acknowledgement Slip

Form No: _____

C H Mohammed Koya Memorial
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(SIMC)

(An Autonomous Institution under General Education Department, Govt.of Kerala)
Pangappa P.O, Thiruvananthapuram, Kerala, India-695581
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Received Application From.....S/o/D/o/W/o

..... for admission to.....

for the academic session 2024-25.

Date :

Place :

Name & Signature of the
Course coordinator/HOD