



SCMS COLLEGE OF POLYTECHNICS

Near Government U.P. School, Vaikkara, Cherukunnam, Perumbavoor - 683 549,
Ernakulam Dt., Phone: 0484-2650500, E-mail: scmspoly@scmsgroup.org

Corporate Office: SCMS Campus, Prathap Nagar, Muttom, Aluva - 683 106
Phone: 0484-2628000, E-mail: admissions@scmsgroup.org

APPLICATION FOR ADMISSION TO DIPLOMA PROGRAMMES

MANAGEMENT QUOTA 2016-19

1. Course applied for:
First Choice :
Second Choice :
Third Choice :
2. Name of the candidate (Block Letters) :
3. Address :
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.....
.....
4. E-mail ID :
5. Contact Numbers of Parents :
6. Age & Date of Birth :
7. Sex :
8. Religion & Community :
9. Name of Institution last attended :
10. Are you a Certificate Holder in Arts/Sports/Games at District and Higher Level :
11. Are you Physically Handicaped :
12. Name of Qualifying Examination & Year of Passing :
13. Whether Holder of NCC / NSS Certificate :
14. No. of attempts made to pass the qualifying examination :

Passport size photo to be affixed

15. *Marks secured in the qualifying examination : % of Marks

SUBJECTS	MARKS SECURED	MAXIMUM MARKS
1		
2		
3		
Subject Total		
English		
GRAND TOTAL		

NB: *Copies of certificates to be attached

16. Name and Occupation of Father :
17. Name and Occupation of Mother :
19. Annual Income of the family :
19. Extra-curricular activities, if any :

Declaration

I hereby declare that I have read the various in the Prospectus for admission to Diploma Programmes in SCMS College of Polytechnics 2016-19 and the instructions carefully and I agree to abide by them.

I also declare that all the statements made in this application are true, complete and correct to the best of my knowledge and behalf and that in the event of any information being found false or incorrect or ineligibility being detected before or after the admission, action can be taken against me.

Date:

Signature of the Parent

Signature of Applicant

FOR OFFICE USE

Register No.:

Admission No.:

Certificates verified.

Admitted to Branch.
on

Admission Officer

Director / Principal