



WOMEN'S POLYTECHNIC
(Government of Tripura)
P.O.: Amtali via Shekerkote
Hapania, Tripura (West), Pin: - 799130
Phone: 0381-2376814

Affix
Candidate's
recent stamp
size attested
photograph

Form No.

DIPLOMA

APPLICATION FORM FOR ADMISSION TO 1ST SEMESTER DIPLOMA IN ETCE/CST/IT/MLT/FT (SIX SEMESTER DIPLOMA ENGINEERING PROGRAMME)

Academic Session : 2024-25

1. Name of the Applicant (*In Block Letters*)

2. Father's Name:																																							
3. Occupation :																				4. Monthly Income																			

5. Mother's Name:																																							
6. Occupation :																				7. Monthly Income																			

8. Permanent Address:																																							
																				Phone /Mobile 1																			
	PIN Code										Phone /Mobile 2																												

9. Present Address:																																							
																				Phone /Mobile 1																			
	PIN Code										Phone /Mobile 2																												

(Put mark only where necessary)

10. Category: UR ST SC ES PH OBC M

11. Locality: Rural Urban

12. Sex: M F 13. Date of Birth: 14. Nationality:

15. Whether a Permanent Resident of Tripura: Yes No

16. Religion:

17. Whether the candidate belongs to BPL Category: Yes No

(If yes, produce attested copy of BPL Ration Card/ BPL Certificate issued by competent authority)

18. Branch allotted (by Central Selection Committee):

19 a. Overall Merit Position:

19 b. Category wise Merit Position:

(If under ST/SC/XS/PH)

20. Academic qualification of Madhyamik or Equivalent Examination:

Exam Passed	Board	Year	Main Subject	Full Marks	Marks obtained	Overall Percentage
			English			
			Mathematics			
			Phy. Science/ Science			
			Total			

21. Guardian's Name															
If father not alive (relationship with Guardian)															

I, hereby solemnly and sincerely affirm that the information furnished in the application and also enclosures are true to the best of my knowledge and belief.

I, also declare that I shall abide by the rules and regulations of the Institutions in force an amendment thereof made from time to time and I Shall also abide by the rules and regulations of Tripura University.

Counter signed by father/ Mother/ Guardian

Signature of the student

Self declaration in the form of Affidavit by the Applicant.

I, Sri/Smt/ Miss _____ S/O,/D/O, of Sri/ Late _____ of Vill/ City/Town _____ P.O: _____, District: _____ do hereby solemnly declare that I am aware of law/directions of the Honorable Supreme court in SPL No-24295, dated16.05.2017 and Court Appeal No.887of 2009 dated 08.05.2009 to prohibit, prevent and eliminate the scourge of ragging as well as punishment to be meted out if I am found guilty of the offence of ragging and /or abetting ragging liable to punished appropriately.

Date:

Signature of the student

Place:

Declaration of Father/Mother/Guardian the form of Affidavit.

I,Sri/Smt/ _____ Father/Mother/Guardian of Sri/ Smt Late _____ of Vill/ City/Town _____ P.O: _____, District: _____ do hereby solemnly declare that I am aware of law/directions of the Honorable Supreme court in SPL No-24295, dated16.05.2017 and Court Appeal No.887of 2009 dated 08.05.2009 to prohibit, prevent and eliminate the scourge of ragging as well as punishment to be meted out if I am found guilty of the offence of ragging and /or abetting ragging.

Date:

Signature of the father/ Mother/ Guardian

Place:

INSTITUTE PART

Allotment number:

Category:

Brach allotted:

Signature of the Concern Official.

Date:

MEDICAL EXAMINATION REPORT

1. Name: :
2. Father's Name :
3. General Appearance :
4. Physical Deformity (if any) :
5. (A) Height (in inches) :
- (B) Weight (in Kg) :
- (C) Chest Measurement :
- (i) Complete Expiration :
- (ii) Full Inspiration :
6. Condition of Teeth :
- Gum :
- Tongue :
- Ear :
- Throat :
7. Respiratory System :
8. Eye Vision :
9. Colour Blindness :

Signature of the Candidate
(To be signed in front of the M.O)

REMARKS OF MEDICAL OFFICER

I have examined Sri / Smt/Miss.....
.....and consider him/her fit/**unfit** for undertaking Technical
Education.

Signature and Designation

With seal of the Medical Officer

(To be obtained from an authorized Govt. Medical Officer)

List of Enclosures

- i. Attested copy of admit card of Madhyamik or Equivalent Examination issued by the Board as proof of age.
- ii. Attested copy of mark sheet of Madhyamik or Equivalent Examination.
- iii. Attested copy of PRTC/Citizenship Certificate with PRC from Competent Authority.
- iv. Attested copy of SC/ST/PH/Ex-Serviceman/OBC certificate from appropriate authority.
- v. Migration Certificate for the candidates outside TBSE.
- vi. Character Certificate from the Head Master of the School where last studied.
- vii. Recent stamp size attested photograph (to be affixed with the application form).
- viii. Nomination letter from Central Selection Committee/ DHE for nominees of other States.
- ix. Medical fitness certificate printed overleaf to be duly filled in by authorized Govt. Medical Officer.
- x. Attested copy of BPL Ration card/BPL certificate issued by competent authority (if applicable).

FEE STRUCTURE OF WOMEN'S POLYTECHNIC, HAPANIA

Admission and other fees for 1st Year

1. 1st Semester fee Rs. : 3000.00
2. Admission others fee Rs. : 901.00

Back up	AMOUNT (Rs.)
I. Admission Fee	3000.00
II. Caution Money Fee	100.00
III. Union Fee	100.00
IV. Session Charge	200.00
V. Games & Sports Fee	200.00
VI. Internal Exam Fee	300.00
Total	3901.00

3. 2nd Semester Fee : 3000.00

2nd Year

4. 3rd Semester Fee : 3000.00
5. Admission Others Fee : 801.00
6. 4th Semester Fee : 3000.00

3rd Year

7. 5th Semester Fee : 3000.00
8. Admission Others Fee : 801.00
9. 6th Semester Fee : 3000.00

Certificates/ Testimonials verified with originals.

Signature of the verifying Officer
With seal

Branch of admission...

Admitted on:.....

Signature of Chairman
Admission Committee
with seal

Signature of Principal