SARABHAI INSTITUTE OF SCIENCE&TECHNOLOGY





Approved by All India Council for Technical Education Affiliated to APJ Abdul Kalam Technological University P.B. No. 2, Vellanad P.O., Thiruvananthapuram – 695 543 Tel: +91-9895486523, +91-9447185209,+91-8547932179, +91-9074041981, +91-9447220040





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<u>APPLICATION FOR ADMISSION – ENGINEERING COURSE</u>

Branch Applied	1st Choice		Application No	Photo	
	2 nd Choice				
	3 rd Choice				
Nama with initial	(in Dlock Lettons)				
name with initial	s (in Block Letters)				
Age & Date of Birth (attach proof of age & date of birth					
Address		Permanent		For communication	
	s allity f Parent/Guardian with relationship				
		Mobile No		Mobile No	
Sex		Male		Female	
Nationality					
Name of Parent/Guardian with relationship					
Occupation and annual income of parent					
Name of the school/college studied					
Reference (If recommended by any staff in		Staff :		/ Newspaper	· / Whatsapp /
SIST, Give their na	ame)	Facebook / Oth	ners (Specify) _		
Qualifying examination passed with Reg. No and Year					
Common entrance					
Roll No and Rank					
(attach copy of the rank sheet)					

Marks obtained in the following Examinations

Subject	Plus Two				
	Marks Secured	Maximum Mark	% of Mark		
Part 1 English					
Part II Additional Languages					
()					
with name of the language					
Part III Optional Subjects					
1. Physics					
2.Chemistry					
3. Mathematics					
Total for optional subjects					
I hereby solemnly affirm that the statement made and information furnished in my application as also in all the enclosures there to submitted by me are true. I declare that, I will if admitted abide by the rules and regulations of the college. Date: place: Signature of the applicant Note: 1. Fill in every column without fail. Defective applications will be rejected. 2. Application should be accompanied by a self addressed and stamped envelope of Rs. 5/-					
	FOR OFFIC	CE USE ONLY			
Admission No:					
Branch: Admitted on :			Principal		