



SURYA GROUP OF INSTITUTIONS

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(Approved by All India Council of Technical Education, Affiliated to Anna University & Dr.MGR Medical University)

Application No.

Affix Latest Photograph

Application for Admission To B.E. / B.Arch / B.Pharm. Courses

Courses

- Aeronautical Engineering
- Automobile Engineering
- Civil Engineering
- Computer Science & Engineering
- Electronics & Communication Engineering
- Electrical & Electronics Engineering
- Mechanical Engineering
- Architecture
- Pharmacy

Applicant's Details

Name (in capital letters)	
Sex	Female / Male
Date of Birth and Age	
Place of Birth	Town District State
Name of Parent / Guardian	
Occupation of Parent / Guardian	
Monthly Income	
Address for Communication with PIN Code	

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Telephone No. with STD Code	
Mobile Number	
E-mail	
Permanent Address with PIN Code	
Mother Tongue	
Community	
Religion	
Nationality	

Educational Qualification

Examination Passed	Year of Passing	Name of the School with address
S.S.L.C		
HSC / Equivalent		

Marks in the Qualifying examination HSC (Academic) / CBSE

Subjects	Month & Year of passing	No.of Attempts	Marks		Average Percentage of Marks (MPC)
			Max.	Secured	
Maths(M)					
Physics(P)					
Chemistry(C)					
Biology/Botany					
Zoology					
Computer Sci.					

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HSC (Vocational)

Subjects	Marks		Average percentage of Marks M or P or C
	Max.	Secured	
Related Subjects Maths*(M)			
Physics*(P)			
Chemistry*(C)			
Vocational Subject Theory(T)			
Practical I (P-I)			Average percentage of Marks (T+P-I+P-II)
Practical II (P-II)			

* Strike out which are not applicable

Academic Honours, Prizes won	
Sports Achievements	
Extra Curricular Activities	

Details of Entrance Exam appeared

Examination	Register No.	Marks Secured
TNPCEE		
AIEEE		
NATA		
Others		

Whether hostel required Yes No

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DECLARATION BY THE APPLICANT	DECLARATION BY THE PARENT / GUARDIAN
I,.....Son / Daughter of..... hereby solemnly declare that the information furnished and the statements given in the application, and the enclosures are true, correct and complete. I further declare that should it be found otherwise, I will be liable to forfeit my admission and / or removable from the roll of the institution at whatever stage of study I may be, besides making me liable for criminal prosecution. If I am admitted I agree to be bound by the rules and regulations now in force and made from time to time.	I.....Parent / Guardian of..... hereby solemnly declare that I am fully aware of the declaration made by my son / daughter / ward and bind myself on the same terms contained in the above declaration. If it is found that my son / daughter / Ward violates the above said declaration he / she will be liable to forfeit the admission and I promise that I will not claim any compensation or refund of fees paid by us. Also I accept that any amount paid by us is non-refundable after the admission. I am ready to pay the full fees of the course if my son / daughter / ward wishes to leave the institution in the middle of the course.
Place : Date : Signature of the Applicant	Place : Date : Signature of the Parent / Guardian

Provisionally admitted

PRINCIPAL

DIRECTOR

(FOR OFFICE USE ONLY)

Whether the applicant admitted GQ MQ

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