

INDIRA GANDHI POLYTECHNIC COLLEGE, MAHE

APPLICATION FOR ADMISSION TO SECOND YEAR DIPLOMA COURSES (LATERAL ENTRY) FOR THE ACADEMIC YEAR 2025-2026

Application Reg. No.:

11. Have you served in N. C. C. for more than 2 years

self attested copy of Discharge Certificate)

With more than 75% attendance? (If Yes, enclose:

(to be assigned by office)

Affix your recent passport size photograph (taken on or after 01-04-2025) with self attestation.

 (i) Read carefully the instructions given in the application form and information bulletin before filling up the application form. (ii) Defective and incomplete application form will not be considered. (iii) Consideration of application will be purely based on the particulars furnished by the candidate in the application form. (iv) Self attested Xerox copies of mark list and all other testimonials for which claims are made should be attached along with the application form. Copies of certificates produced after submission of application form will not be entertained. (v) Preference will be given to the residents of Union Territory of Puducherry. 				
1.	Name of the Candidate (In Capital Letters)	:		
2.	Father's Name/Mother's Name/ Guardians Name (Only if Parents are not alive)	:		
3.	Date of Birth (as per SSLC or equivalent examination)	:	D D M M Y Y Y	
4.	Permanent Address	:		
5.	Address to which communication is to be sent	:		
	Mobile Number	:		
	Email Address	:		
6.	Sex	:	Male / Female	
7.	Aadhaar No.	:		
8.	Community (Enclose self attested copy)	:		
9.	Nationality	:		
10	. Religion	:		

Yes/No

12. Mention Special Quota, for which claim is made (Enclose self attested copies)	: F.F / P.H / Ex-Ser / Sports Quota / None					
13. Particulars of qualifying examination passed (i) Name of the qualifying examination	: HSC/12 th (Academic/Vocational/Technical) /Any other 12 th equivalent qualification/ (10 th + 2 years ITI)					
(ii) Month and Year of passing	:					
(iii) Number of attempts	:					
(iv) Total Marks obtained	: out of					
14. Choice of Branch	: 1					
THE CHOICE OF ETHINA	2					
	3					
	4					
DECLARATION BY THE APPLICA						
I,						
S/o./D/o	(age)Years,					
residing at (Address)						
				the benefits availed by me shall be summarily withdrawn.		
				Place:		
				Date:	Signature of the Applicant	
I am fully aware of the above declaration	and I agree for the above condition.					
Place:						
Date:	Signature of the Parent/Guardian					
Note:						
1. The guardian can execute the above declaration	n, only if both the parents are not alive.					
	2. While applying, candidates who have not received their HSC/12 th Academic/Vocational/ITI marks statements may enclose a printed version of self attested Online Mark Sheet.					
List of Enclosures						
1.	6.					
2.	7.					
3.	8.					
4.	9.					
5.	10.					