Application Number :

## **LOURDES MATHA COLLEGE OF SCIENCE & TECHNOLOGY**



Lourdes Hills, Kuttichal P.O., Thiruvanathapuram 695574 | Phone : 0472-2853550 / 2853546 Fax: 0472-2853846 | E-mail: m.tech@lmcst.ac.in | Website: www.lmcst.ac.in | City office: 0471-2302481 Approved by AICTE & Affiliated to the A P J Abdul Kalam Technological University Member of Kerala Catholic Engineering College Managements' Association

Minority Educational Institution managed by the Archdiocese of Changanacherry An ISO 9001-2015 certified institution



## **APPLICATION FORM FOR ADMISSION TO M.TECH PROGRAMME 2019 - '21**

DD/Cash Recei	Dated : DD / MM / YYYY														
(Fill in Block L										ł	Affix a recent stamp size photograph of the Applicant				
	GINEERING CONTROI							OL SYSTEMS				(Do not Staple)			
		INCIVI													
<b>01.</b> NAME OF APPLICANT (As entered in 10th certificate)															
<b>02.</b> DATE OF B	IRTH									<b>03.</b> C	ENDE	ER ]		М	F
<b>04.</b> AADHAR NUMBER									<b>05.</b> CASTE						
<b>06.</b> RELIGION									<b>07.</b> COMMUNITY						
<b>08.</b> ELIGIBLE CATEGORY		OPEN CHRISTIAN			SYRO MALABAR			SC/ST		SPONSORED		NRI			
09. ADDRESS		Permanent							Communication						
		PIN							PIN						
<b>10.</b> PHONE NUMBER		11						<b>11.</b> E-	E-MAIL ID						
<b>12.</b> PLACE OF BIRTH		13.						<b>13.</b> M	ARITAL STATUS						
<b>14.</b> NAME OF PARENT / SPOUSE		15. (							CCUPATION						
<b>16.</b> GUARDIANS PHONE NUMBER															
<b>17.</b> NATIONALITY			<b>18.</b> ANNUAL FA						AMILY INCOME						
<b>19.</b> DETAILS OF EDUCATIONAL QUA			ALIFICATIONS (SSLC/HSE/CBSE/ISC/OTHERS)												
COURSE	EXAM [ Kerala HSE / / ISC / VHSE / Othe					BOARD			NAME OF INSTI			ITUTION		% MAI	
X															
XII															

<b>20.</b> DETAILS OF QUALI	FYING EXAN	/INATION												
B.TECH. / EQUIVALEN	NA UNIV	REG. NO.		NAME OF INSTITUTION					BRANCH					
					appe									
<b>21.</b> GPA / PERCENTAGE	E OF MARKS	IN B.TECH	/ EQUIVALE	NT DE	GREE									
CGPA / %	SEM I	SEM II	SEM III	SEM IV SEM V		V	SEM VI	SEN	4 VII	SEM VIII				
<b>22.</b> DETAILS OF GATE (	(IF ANY)	REC	SISTER NO :				(	GATE SCO	RE					
<b>23.</b> DETAILS OF DTE RI	EGISTRATIO	N APF	LICATION N	IO:			Ι	DTE RANI	К					
<b>24</b> . OTHER QUALIFICA	TIONS (IF AN	TY)												
<b>25.</b> TEACHING / OTHER	R EXPERIENC	E.												
NAME OF INSTIT	UTION	DESIC	DESIGNATION			EARS ICE	DETAILS OF EXPERIENCE CERTIFICATES ATTACHED							
DECLARATION BY THE APPLICANT														
I, solemnly declare that the details furnished are true. I also undertake														
that any wrong information furnished by me will forfeit my claim for admission. I will obey the rules and regulations of the instituion, if admitted. I shall submit all certificates and documents in original at the time of admission, failing which my admission will be liable for cancellation.														
Place :														
Date : Name & Signature of the Applicant										oplicant				
DETA	ILS OF DOC	IIMENTS 1	O RE SUBM	TTTEL		NG WIT								
										<u> </u>				
<ol> <li>Certificate of SSLC/ Equivalent and HSE/Equivalent.</li> <li>Marklist of all semesters / years and Degree Certificate / Provisional Certificate</li> </ol>														
<b>3</b> Sponsorship Certificate (if any)														
<ul><li>4 Admit card &amp; Score card of GATE and DTE Rank (if any).</li><li>5 For downloaded application, a DD of Rs 500/- drawn in favour of Principal, LMCST payable at Trivandrum.</li></ul>														
<ul> <li>For downloaded application, a DD of Rs 500/- drawn in favour of Principal, LMCST payable at Trivandrum.</li> <li>6 Community certificate (if any)</li> </ul>														
			FOR OFFIC	E USE	ONLY	<u>Y</u>								
Certificates verified														
Fees paid Rs :						Signature	e of the	e Office Sup	erinter	Ident				
Admission No. :														
Admission No. :						Admi	ission granted / rejected							
Date of Admission :	Orders of Director / Principal													