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													
01. NAME OF APPLICANT (As entered in 10th certificate)															
02. DATE OF B	IRTH									03. C	ENDE	ER]		М	F
04. AADHAR NUMBER									05. CASTE						
06. RELIGION									07. COMMUNITY						
08. ELIGIBLE CATEGORY		OPEN CHRISTIAN			SYRO MALABAR			SC/ST		SPONSORED		NRI			
09. ADDRESS		Permanent							Communication						
		PIN							PIN						
10. PHONE NUMBER		11						11. E-	E-MAIL ID						
12. PLACE OF BIRTH		13.						13. M	ARITAL STATUS						
14. NAME OF PARENT / SPOUSE		15. (CCUPATION						
16. GUARDIANS PHONE NUMBER															
17. NATIONALITY			18. ANNUAL FA						AMILY INCOME						
19. DETAILS OF EDUCATIONAL QUA			ALIFICATIONS (SSLC/HSE/CBSE/ISC/OTHERS)												
COURSE	EXAM [Kerala HSE / / ISC / VHSE / Othe					BOARD			NAME OF INSTI			ITUTION		% MAI	
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20. DETAILS OF QUALI	FYING EXAN	/INATION												
B.TECH. / EQUIVALEN	NA UNIV	REG. NO.		NAME OF INSTITUTION					BRANCH					
					appe									
21. 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				
22. DETAILS OF GATE ((IF ANY)	REC	SISTER NO :				(GATE SCO	RE					
23. DETAILS OF DTE RI	EGISTRATIO	N APF	LICATION N	IO:			Ι	DTE RANI	К					
24 . OTHER QUALIFICA	TIONS (IF AN	TY)												
25. 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>				
 Certificate of SSLC/ Equivalent and HSE/Equivalent. Marklist of all semesters / years and Degree Certificate / Provisional Certificate 														
3 Sponsorship Certificate (if any)														
4 Admit card & Score card of GATE and DTE Rank (if any).5 For downloaded application, a DD of Rs 500/- drawn in favour of Principal, LMCST payable at Trivandrum.														
 For downloaded application, a DD of Rs 500/- drawn in favour of Principal, LMCST payable at Trivandrum. 6 Community certificate (if any) 														
			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													