

Application No :



MANGALAM COLLEGE OF ENGINEERING

(A Christian Minority Institution)

Corporate Office :

Mangalam Educational Society, Mangalam Complex, S.H Mount P.O, Kottayam -686006
Phone : 91-481-2563024, 2560395, Fax:+91 - 481-2563508, Mob: 9895010120

Campus:

Mangalam Hills, Ettumanoor, Kottayam-686631, Kerala
Phone: 0481-2533711, 2537053, Fax: 0481- 2533700 Mob: 9895010120
E-Mail:mlmce@mangalam.com, Website: www.mangalam.net

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APPLICATION FOR ADMISSION TO M.TECH. PROGRAMME

Academic year : 20..... - 20.....

Office Purpose only : Admit	<input type="checkbox"/> Y <input type="checkbox"/> N	Course Allotted:	<input type="text"/>
Admission No.		Date:	<input type="text"/> <input type="text"/> <input type="text"/>
			Signature

PERSONAL DETAILS (Fill in BLOCK LETTERS or tick whenever applicable)

NAME :

DATE OF BIRTH : BLOOD GROUP : SEX: MALE FEMALE

PERMANENT ADDRESS: (With District and Pin Code)	ADDRESS FOR COMMUNICATION: (With District and Pin Code)
Tel. No. with STD Code :	Tel. No. with STD Code :

Mobile No. : E-mail ID :

RELIGION : COMMUNITY : CASTE :

NATIONALITY : ANNUAL FAMILY INCOME :
(TOTAL OF ALL FAMILY MEMBERS)

NAME OF FATHER / SPOUSE : OCCUPATION :

ADMISSION SOUGHT TO THE DEPARTMENT :

SPECIALISATION :

QUALIFYING EXAMINATION : CLASS OBTAINED :

MONTH AND YEAR OF PASSING : UNIVERSITY :

INSTITUTION :

ACADEMIC RECORD :

GPA / PERCENTAGE OF MARKS IN B. TECH OR EQUIVALENT

SEM I	SEM I	SEM III	SEM IV	SEM V	SEM VI	SEM VII	SEM VIII	AGGRE- GATE	AVERAGE MARKS

If you have appeared for final semester examination and awaiting results, write "AR" and write aggregate upto VII Semester