

20. Academic Qualification:

Exam Passed	Board	Year	Main Subjects	Full Marks	Marks obtained	Overall %
Madhyamik or Equivalent			English			
			Mathematics			
			Ph. Science/Science			
			Total			

21. Guardian's Name (if father not alive)		
	Relationship with Guardian	

I hereby solemnly and sincerely affirm that the information furnished in the application and also in the enclosures are true to the best of my knowledge & belief.

I also declare that I shall abide by the rules and regulations of the Institution in force and any amendment thereof made from time to time and I shall also abide by the rules and regulations of Tripura University.

Counter signed by Father /Mother/ Guardian

Signature of the Student

Self Declaration in the form of Affidavit by the applicant

I, Sri / Smt. S/O, D/O of Sri/Late of Vill./City/Town: PO..... Dist..... do hereby solemnly declare that I am aware of the law / directions of the Honourable Supreme Court in SLP No-24295 of 2006 dated 16.05.2007 and in Civil Appeal No-887 of 2009 dated 08.05.2009 to prohibit, prevent and eliminate the scourge of ragging as well as the punishments to be meted out if I am found guilty of the offence of ragging and / or abetting ragging, is liable to be punished appropriately.

Place:

Date:

Signature of the Student

Declaration of Father/Mother/Guardian in the form of affidavit

I, Sri/Smt..... Father/Mother/Guardian of Sri/Smt/Late.....of Vill./City/Town: PO..... Dist..... do hereby solemnly declare that I am aware of the law / directions of the Honourable Supreme Court to prohibit, prevent and eliminate the scourge of ragging as well as the punishments to be meted out if my ward is found guilty of the offence of ragging and / or abetting ragging.

Place:

Date:

Signature of the Father /Mother/ Guardian

MEDICAL EXAMINATION REPORT

1. Name : :
2. Father's Name : :
3. General Appearance : :
4. Physical Deformity (if any) : :
5. (A) Height (in cm) : :
- (B) Weight (in Kg) : :
- (C) Chest Measurement : :
- (i) Complete Expiration : :
- (ii) Full Inspiration : :
6. Condition of Teeth : :
- Gum : :
- Tongue : :
- Ear : :
- Throat : :
7. Respiratory System : :
8. Eye Vision : :
9. Colour Blindness : :

Signature of the Candidate
(To be signed in front of the M.O)

REMARKS OF MEDICAL OFFICER

I have examined Sri / Smt
.....and consider him/her **fit/unfit**
for undertaking Technical Education.

Signature and Designation
With seal of the Medical Officer

(To be obtained from an authorized Govt. Medical Officer)

List of Enclosures

- i. Attested copy of admit card of Madhyamik or Equivalent Examination issued by the Board as proof of age.
- ii. Attested copy of mark sheet of Madhyamik or Equivalent Examination.
- iii. Attested copy of PRTC/Citizenship Certificate with PRC from Competent Authority.
- iv. Attested copy of SC/ST/PH/Ex-Serviceman/OBC certificate from appropriate authority.
- v. Migration Certificate for the candidates outside TBSE.
- vi. Character Certificate from the Head Master of the School where last studied.
- vii. Recent stamp size attested photograph (to be affixed with the application form).
- viii. Nomination letter from Central Selection Committee/ DHE for nominees of other States.
- ix. Medical fitness certificate printed overleaf to be duly filled in by authorized Govt. Medical Officer.
- x. Attested copy of BPL Ration card/BPL certificate issued by competent authority (if applicable).

FEE STRUCTURE OF DHALAI DISTRICT POLYTECHNIC,AMBASSA**Admission and for 1st Semester**

Fees to be Paid through Chalan form available from the website: www.ddpambassa.ac.in

FEE PARTICULARS	AMOUNT (Rs.)
Tuition Fee	3000.00
Admission Fee	1.00
University Reg. fee	260.00
University Sports Fee	50.00
Total	3311.00

Certificates/ Testimonials verified with originals.

Signature of the verifying Officer
with date

Branch of admission:.....

Admitted on:.....

Signature of Chairman
Admission Committee
with date

Signature of Principal