

## THIAGARAJAR POLYTECHNIC COLLEGE, SALEM-636 005

EXAMINATION APPLICATION FORM (GRACE CHANCE) OCTOBER 2019							
Register Number		Scheme of Study	If joined in second year (lateral entry)		Branch		
		Full Time	HSC (A)	HSC (V)			
Name of the Candidate					Institution Code		
					2	1	6
Sex		Date of Birth	Details of Last Appearance		Affix Passport Size Photo (to be attested by the Head of the Department)		
			Reg. No.	Month & Year			
Male	Female						
Address for Communication							
Contact Phone/ Mobile No(s)							
DETAILS OF FIRST APPEARANCE							
	First Year	III Semester	IV Semester	V Semester	VI Semester		
Register Number							
Month & Year							
Scheme							
Total No. of Courses							
DETAILS OF YEAR / SEMESTERS COMPLETELY PASSED							
	First Year	III Semester	IV Semester	V Semester	VI Semester		
Register Number							
Month & Year							



**DETAILS OF ARREAR COURSES**

As per Scheme of Study			As per present Equivalence			Internal Marks Secured
Year/ Semester	Code No	Name of the Course	Year/ Semester	Code No	Name of the Course	

I hereby declare that

- The information furnished in this application is true, correct and complete.
- **I am appearing for all failed Courses.**
- I will be awarded Diploma only on application with proof of passing all courses (with marks).
- I am fully aware that this is a special scheme announced by the Government for writing the examination to the candidates (who have exhausted their chances) to complete the Diploma in two attempts (October 2019 & April 2020)
- I will **not** claim any more chances for writing the Examination in future.
- I am aware that incomplete applications & applications without proper enclosures will be summarily rejected.

Signature of the Student with Date

**Details of the Examination fee**

No. of papers	<u>          </u> x ₹ 750/- per course	No. of Mark sheet	<u>          </u> x ₹ 50/- per sem	Registration Fee	Fine	Total
Fee ₹		Fee ₹		₹ 30.00	₹	₹

(Rupees

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Verified and found correct	Countersigned
Faculty Advisor	Signature of the Head of the Department with Seal

**[FOR OFFICE USE]**

Amount :

Receipt No. and Date :

Cashier

