



**SIVA INSTITUTE OF  
FRONTIER TECHNOLOGY**  
**TECHNICAL CAMPUS**  
VALLAL RCK NAGAR, VENGAL, THIRUVALLUR DISTRICT



Affix Passport  
Size Photograph

**APPLICATION FORM**

**YEAR OF ADMISSION:**

1. Category: <input type="checkbox"/> Government <input type="checkbox"/> Management		2. Department: <input type="checkbox"/> CSE <input type="checkbox"/> EEE <input type="checkbox"/> ECE <input type="checkbox"/> Mechanical <input type="checkbox"/> Civil <input type="checkbox"/> I.T. <input type="checkbox"/> Automobile <input type="checkbox"/> MBA	
3. Name of the Student:			
4. Father's Name:		5. Occupation:	
6. Mother's Name:		7. Occupation:	
8. Gross Monthly Income:			
9. Date of Birth:		10. Place of Birth:	
11. Blood Group:			
12. Qualifying Examination: <input type="checkbox"/> 10+2 <input type="checkbox"/> Vocational <input type="checkbox"/> Diploma <input type="checkbox"/> UG <input type="checkbox"/> General <input type="checkbox"/> Others _____			
13. Specialization:		14. Medium of instruction: <input type="checkbox"/> English <input type="checkbox"/> Tamil <input type="checkbox"/> Others _____	
15. Institution Last Studied:			
16. Community: <input type="checkbox"/> OC <input type="checkbox"/> BC <input type="checkbox"/> BCM <input type="checkbox"/> MBC <input type="checkbox"/> SC <input type="checkbox"/> SCA <input type="checkbox"/> ST			17. Nativity:
18. Email ID:		Phone:	Mobile No.:
19. Permanent Address:			
20. Address for Communication: (Local guardian's address and phone number in case of outstation candidates)			

**21. MARKS OBTAINED**

Sl. No	Subject	Marks
1		
2		
3		
4		
5		
6		
	Total	
	% Marks	
	Aggregate Marks	
	Rank	

**HOSTEL ACCOMODATION**

22. Hostel Facility Requirement <input type="checkbox"/> Yes <input type="checkbox"/> No
23. Type of Room <input type="checkbox"/> Double AC <input type="checkbox"/> Double Non AC <input type="checkbox"/> Triple AC <input type="checkbox"/> Triple Non AC
24. Details of the Local Guardian Name: Relation with the Student: Occupation: Phone:
25. Bus Facility (applicable for day scholars only) <input type="checkbox"/> Yes <input type="checkbox"/> No Boarding Point:

How did you know about SIFT?  Newspaper  Television  Radio  Website  Pamphlets  Word of mouth  Others \_\_\_\_\_

We hereby declare that the above particulars are true to the best of our knowledge and belief. We understand that in case any information given is found to be false, we will forfeit the admission.

\_\_\_\_\_  
Signature of the Parent / Guardian

Place:

\_\_\_\_\_  
Signature of the Student

Date:

**FOR OFFICE USE**

**CHECK LIST**

Sl. No.	Name of the document / certificate	Registration no.	Institution	Remarks

ADMISSION NUMBER

VERIFYING OFFICER

HR MANAGER

PRINCIPAL