



APPLICATION NUMBER – SVPITM/...../...../2026-27

## APPLICATION FORM FOR SVP ENTRANCE TEST 2026-2027

PLEASE FILL ALL THE DETAILS IN BLOCK LETTERS

*Affix pass port  
size photograph*

1. Programme Applied: .....

(Note: Candidate can apply for only one programme per application) For course details, visit [www.svpitm.ac.in](http://www.svpitm.ac.in).  
Send the filled application form (PDF) to [admission@svpitm.ac.in](mailto:admission@svpitm.ac.in)

2. Name of the Candidate (As per the SSLC record)	:																		
3. Candidate's Mobile Number	:																		
4. E mail ID	:																		
5. Father's Name	:																		
6. Father's Mobile Number	:																		
7. Father's E mail ID	:																		
8. Father's Occupation	:																		
9. Mother's Name	:																		
10. Mother's Mobile Number	:																		
11. Mother's Occupation	:																		
12. Annual Income	:																		
13. Local Guardian Name & Contact No. : (For outstation / Other State Candidates)	:																		
14. Gender	:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>														

15. Aadhar Number	:															
16. APAAR ID/ABC ID	:															
17. PAN Number	:															
18. Date of Birth (dd/mm/yyyy)	:	<i>ā</i>	<i>ā</i>	<i>m</i>	<i>m</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>							
19. Blood Group	:															
20. Health Issues if any (Attach medical certificate if any)	:															
21. Address for Communication	:															
	House /Flat No. /Name															
	Street/Road name															
	City															
	District															
	Pin code															
	State															
22. Nationality	:															
23. Religion	<input type="text"/>	Caste	<input type="text"/>													
24. Do you belong to:	GEN <input type="checkbox"/>	EWS <input type="checkbox"/>	BC <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>											
25. Do you have any reservation under:	PWD (PERSON WITH DISABILITY) <input type="checkbox"/>				<input type="checkbox"/>	WARD OF DEFENCE										
For PWD, Percentage of Disability:	<input type="text"/>				(Attach relevant Medical Certificate)											
26. Do you belong to minority community? If yes, state the following:	<input type="text"/>															
Community: [MUSLIM / CHRISTIAN / BUDDHIST / SIKHS / ZOROASTRIAN (PARSI)]	<input type="text"/>															
27. Day scholar <input type="checkbox"/>	Hosteller <input type="checkbox"/>	Specify: Inside hostel <input type="checkbox"/>	Outside Hostel <input type="checkbox"/>													
For outside hostel, specify the hostel name				<input type="text"/>												
Contact number of warden														<input type="text"/>		
28. Sports person:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Give details											<input type="text"/>		
29. Kashmiri Migrant:	YES <input type="checkbox"/>	NO <input type="checkbox"/>														

## 30. Educational Qualification:

Course	University/Board	Name of the School/College	Year of Passing	% of marks
SSLC				
HSC Science <input type="checkbox"/> Arts <input type="checkbox"/> Vocational <input type="checkbox"/>				
DIPLOMA COURSE SPECIALIZATION				
UG COURSE SPECIALIZATION (for PG CANDIDATES only)				
Others				

## 31. Attach scanned copies of the following documents

- 10th marksheet
- 12th marksheet / Diploma Certificate
- Transfer Certificate
- Community Certificate
- Aadhar
- Consolidated /Semester wise Marksheets (for PG candidates only)
- Provisional / Degree Certificate (for PG candidates only)

## 32. Application fee

Application fee for General/OBC candidates is Rs.500/-. Candidates belonging to SC/ST/PWD category are exempted from payment of application fee. Application fee can be paid through online. Candidate can apply only one course with one-time payment.

## 32. Bank details for online transfer of application fee

Bank Name, Branch	State Bank of India, Peelamedu, Coimbatore	Current Account Number	38352471944
Account Holder Name	SVPISM	IFSC Code	SBIN0007231

## 33. Application Fee payment details

Payment Reference No (NEFT/UPI/IMPS/UTR)	
Name of the Payee	
Name of the Bank & Branch (Payee)	
Application fee	

**Declaration**

I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

**Signature of the Candidate**

For Office Use only

**SVPET USERNAME:** \_\_\_\_\_

**SVPET DATE:** \_\_\_\_\_

**SVPET SCORE:** \_\_\_\_\_

**Name of the Verifying authority**

**Signature**