



# APPLICATION FORM FOR SVP ENTRANCE TEST 2026-2027

*Affix passport  
size photograph*

Send the filled application form (PDF) to [admission@svpitm.ac.in](mailto:admission@svpitm.ac.in)

(As per the SSLC record)

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[illegible]

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[illegible]: Male ☐Female ☐

15. Aadhar Number	:	<div style="border: 1px solid black; height: 20px; display: flex; flex-direction: row-reverse;"><div style="width: 100%; height: 100%;"></div></div>
16. APAAR ID/ABC ID	:	<div style="border: 1px solid black; height: 20px; display: flex; flex-direction: row-reverse;"><div style="width: 100%; height: 100%;"></div></div>
17. PAN Number	:	<div style="border: 1px solid black; height: 20px; display: flex; flex-direction: row-reverse;"><div style="width: 100%; height: 100%;"></div></div>
18. Date of Birth (dd/mm/yyyy)	:	<div style="border: 1px solid black; height: 20px; display: flex; flex-direction: row-reverse;"><div style="width: 100%; height: 100%; text-align: center; font-family: cursive;">d d m m y y y y</div></div>
19. Blood Group	:	<div style="border: 1px solid black; height: 20px; display: flex; flex-direction: row-reverse;"><div style="width: 100%; height: 100%;"></div></div>
20. Health Issues if any (Attach medical certificate if any)	:	<div style="border: 1px solid black; height: 30px; display: flex; flex-direction: row-reverse;"><div style="width: 100%; height: 100%;"></div></div>
21. Address for Communication	:	<div style="border: 1px solid black; height: 100px; display: flex; flex-direction: row-reverse;"><div style="width: 100%; height: 100%;"></div></div>
House /Flat No. /Name		
Street/Road name		
City		
District		
Pin code		
State		
22. Nationality	:	<div style="border: 1px solid black; height: 20px; display: flex; flex-direction: row-reverse;"><div style="width: 100%; height: 100%;"></div></div>
23. Religion		Caste <div style="border: 1px solid black; height: 20px; display: flex; flex-direction: row-reverse;"><div style="width: 100%; height: 100%;"></div></div>
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: <div style="border: 1px solid black; height: 20px; display: flex; flex-direction: row-reverse;"><div style="width: 100%; height: 100%;"></div></div> (Attach relevant Medical Certificate)		
26. Do you belong to minority community? If yes, state the following:		<div style="border: 1px solid black; height: 20px; display: flex; flex-direction: row-reverse;"><div style="width: 100%; height: 100%;"></div></div>
Community: [MUSLIM / CHRISTIAN / BUDDHIST / SIKHS / ZOROASTRIAN (PARSI)]		
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 <div style="border: 1px solid black; height: 20px; display: flex; flex-direction: row-reverse;"><div style="width: 100%; height: 100%;"></div></div>		
Contact number of warden <div style="border: 1px solid black; height: 20px; display: flex; flex-direction: row-reverse;"><div style="width: 100%; height: 100%;"></div></div>		
28. Sports person: YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, Give details <div style="border: 1px solid black; height: 20px; display: flex; flex-direction: row-reverse;"><div style="width: 100%; height: 100%;"></div></div>		
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 Marksheet (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

<b>Bank Name, Branch</b>	State Bank of India, Peelamedu, Coimbatore	<b>Current Account Number</b>	38352471944
<b>Account Holder Name</b>	SVPISTM	<b>IFSC Code</b>	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**