

15. Aadhar Number

:

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16. PAN Number

:

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17. Date of Birth (dd/mm/yyyy)

:

d	d	m	m	y	y	y	y
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18. Blood Group

:

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19. Health Issues if any

(Attach medical certificate if any)

:

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20. Address for Communication :
House /Flat No. /Name

Street/Road name

City

District

Pincode

State

21. Nationality

:

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22. Religion

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Caste

--

23. Do you belong to:

GEN

EWS

BC

SC

ST

24. Do you have any reservation under:

PWD (PERSON WITH DISABILITY)

WARD OF DEFENCE

For PWD, Percentage of Disability:

--

(Attach relevant Medical Certificate)

25. Do you belong to minority community? If yes, state the following:

Community: [MUSLIM / CHRISTIAN / BUDDHIST / SIKHS / ZOROASTRIAN (PARSI)]

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26. Day scholar

Hosteller

Specify: Inside hostel

Outside Hostel

For outside hostel, specify the hostel name

--

Contact number of warden

--

27. Sports person:

YES

NO

If yes, Give details

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28. Kashmiri Migrant:

YES

NO

29. Educational Qualification:

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

(Attach scanned copies of mark sheets)

30. 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.

31. Bank details for online transfer of application fee

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

32. 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