

**GOVERNMENT COLLEGE OF ENGINEERING
TIRUNELVELI 627007**

I YEAR M.E. ADMISSION 2025-26

CHECK LIST

NAME	:	<input style="width: 95%;" type="text"/>
BRANCH	:	<input style="width: 95%;" type="text" value="STR / ED / PED / COM / CSE"/>

VERIFICATION REPORT

1) Application Number (as in Anna University Allotment Order)	:	<input style="width: 95%;" type="text"/>		
2) Date of Birth / Age	:	<input style="width: 95%;" type="text"/>		
3) Community / Caste	:	<input style="width: 95%;" type="text"/>		
4) Nativity	:	<input style="width: 95%;" type="text"/>		
5) TANCET SCORE	:	<input style="width: 95%;" type="text"/>		
6) Whether Original Community Certificate is produced	:	<input style="width: 95%;" type="text" value="YES / NO"/>		
7) Is it genuine and obtained from competent authority	:	<input style="width: 95%;" type="text" value="YES / NO"/>		
8) If the selection is under special category, mention the details	:	<input style="width: 95%;" type="text" value="YES / NO"/>		
9) Total Annual Family Income and Occupation of Parents	:	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr></table>		

ENCLOSURES

		Yes	No	Remarks
1) Allotment Order	:	<input type="checkbox"/>	<input type="checkbox"/>	
2) TANCET Hall Ticket	:	<input type="checkbox"/>	<input type="checkbox"/>	
3) TANCET Score Card	:	<input type="checkbox"/>	<input type="checkbox"/>	
4) 10th Mark Sheet	:	<input type="checkbox"/>	<input type="checkbox"/>	
5) 12th Mark Sheet	:	<input type="checkbox"/>	<input type="checkbox"/>	
6) B.E. All Semester Mark Sheets	:	<input type="checkbox"/>	<input type="checkbox"/>	
7) Consolidated Marksheet	:	<input type="checkbox"/>	<input type="checkbox"/>	
8) Degree / Provisional Certificate	:	<input type="checkbox"/>	<input type="checkbox"/>	
9) Transfer Certificate with conduct	:	<input type="checkbox"/>	<input type="checkbox"/>	
10) Conduct Certificate	:	<input type="checkbox"/>	<input type="checkbox"/>	
11) Permanent Community Certificate (Digitally Signed by Concerned Authorities)	:	<input type="checkbox"/>	<input type="checkbox"/>	
12) Physical Fitness Certificate	:	<input type="checkbox"/>	<input type="checkbox"/>	
13) Special Category Certificate (if applicable)	:	<input type="checkbox"/>	<input type="checkbox"/>	
14) Nativity Certificate (if applicable)	:	<input type="checkbox"/>	<input type="checkbox"/>	
15) Birth Certificate (for other state students)	:	<input type="checkbox"/>	<input type="checkbox"/>	
16) Migration Certificate (for other state students)	:	<input type="checkbox"/>	<input type="checkbox"/>	
17) Aadhaar Card Copy	:	<input type="checkbox"/>	<input type="checkbox"/>	
18) Ration Card Copy	:	<input type="checkbox"/>	<input type="checkbox"/>	
19) Undertaking, Declaration and Parent Student Undertaking	:	<input type="checkbox"/>	<input type="checkbox"/>	
20) Attested copies of all certificates (3 set)	:	<input type="checkbox"/>	<input type="checkbox"/>	
21) Anti Ragging Affidavit (Student & Parent)	:	<input type="checkbox"/>	<input type="checkbox"/>	

Scrutinising Staff

Verifying Officer

Principal

MEDICAL FITNESS CERTIFICATE

Medical Fitness Certificate to be issued by Registered Medical Practitioner
(For Students of U.G. & P.G. Admissions)

TNEA Application No:

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Name: _____; Gender: _____

Code & College in which admitted: _____; Date of Birth: _____

Name of the Course : _____

Indicate your response by ticking (✓) appropriate one

1. Do you have any minor or major complaint? Yes / No

If Yes, describe _____

2. Are you allergic to any medicine or any others? Yes / No

If Yes, describe _____

3. Have you ever had any operation or been advised any operation? Yes / No

If Yes, describe _____

4. Are you Physically Challenged? Yes / No

If Yes, Indicate: Visual / Hearing / Orthopedic

I declare that the above information is true to the best of my knowledge.

Signature of the Candidate

I. General Information : Height: _____ cms; Weight: _____ kgs

II. Insp: _____ cms; Exp: _____ cms; Resp.Rate: _____ /min

B.P: _____ mm Hg Pulse: _____ /min.

III. Blood Group & Rh type : _____

IV.

V. Personal marks of Identification : 1 _____

VI.

2 _____

VII. C.V.S. :

VIII. Respiratory System :

IX. G.I.System :

X. C.N.S :

XI. Musculoskeletal System :

XII. Examination of Eyes :

XIII. E.N.T :

XIV. Urinary System :

XV. Remarks :

I do hereby certify that I have examined the above candidate. He / She is fit to join the above mentioned course.

Date:

Place:

REGISTERED MEDICAL OFFICER
(Seal with Reg.No.)

ANNEXURE - I

AFFIDAVIT BY THE STUDENT

1. I, _____ (Name of the Student), S/o. _____ having been admitted to GOVERNMENT ENGINEERING COLLEGE, TIRUNELVELI have received a copy of the AICTE regulations on curbing the menace of ragging in Higher Educational Institutions 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular perused clause 7 and clause 9.1 of the regulation and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he / she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the regulations. I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of abetting or being part of a conspiracy to promote, ragging and further affirm that in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared on _____

Signature of Deponent

Name :

Address :

Telephone/Mobile No. :

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ on _____.

Signature of Deponent

Solemnly affirmed and signed in my presence on this the _____ of _____ after reading the contents of the affidavit.

OATH COMMISSIONER

ANNEXURE - II

AFFIDAVIT BY PARENT/GUARDIAN

1. I, Mr./Mrs./Ms. _____ (Full Name of the Parent/ Guardian) Father/Mother/Guardian of, (Full Name of Student with Admission/ Registration/ Entrolment Number), having been admitted to GOVERNMENT COLLEGE OF ENGINEERING TIRUNRLVELI have received a copy of the AICTE regulations on curbing the menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular perused clause 7 and clause 9.1 of the regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he / she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - a. My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b. My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared on _____

Signature of Deponent

Name :

Address :

Telephone/Mobile No. :

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ on _____.

Signature of Deponent

Solemnly affirmed and signed in my presence on this the _____ of _____ after reading the contents of the affidavit.

OATH COMMISSIONER

