





**List of Enclosures**

- i. Seat Allotment letter from Central Selection Committee'2020/DEEET'2020.
- ii. Self-attested copy of admit card of Madhyamik or Equivalent Examination issued by the Board as proof of age.
- iii. Self-attested copy of mark sheet of Madhyamik or Equivalent Examination.
- iv. Self-attested copy of PRTC from Competent Authority.
- v. Self-attested copy of SC/ST/PH/OBC certificate from appropriate authority.
- vi. Original Migration Certificate for the candidates outside TBSE.
- vii. Original Character Certificate/School leaving certificate from the Head Master of the School where last studied.
- viii. 3 nos. recent stamp size attested photograph (1 no. to be affixed with the application form).
- ix. Medical fitness certificate printed overleaf to be duly filled in by authorized Govt. Medical Officer.
- x. Self-attested copy of BPL Ration card/BPL certificate issued by competent authority (if applicable).
- xi. Total Fee of **Rs.3,311/-** related to the admission is to be paid through challan (to be collected at the Institute) at the account of **TTAADC Polytechnic Institute, Khumulwng** at Tripura Gramin Bank. Institute part of the Challan has to be submitted at Institute after fee deposition.
- xii. Self-attested copies of Bank Pass book and Aadhaar Card. (To be submitted shortly if not available during admission. In such cases entries in Sl. No. 20 and 21 to be left vacant.)

**FOR OFFICE USE ONLY**

Certificates/ Testimonials verified with originals

Full Signature of the verifying Officer  
With date

Candidate deposited Tuition; Admission & others Fee through Tripura Gramin Bank Challan dated..... of amounting to **Rs.3,311/- (Rupees Three thousand Three Hundred Eleven) only.**

Full Signature of Cashier/authorized employee  
With date

Branch of admission:.....Admitted on:.....

Signature of the Convener,  
Admission Committee, TPI, Khumulwng  
With date

Principal  
TTAADC Polytechnic Institute  
Khumulwng

## MEDICAL EXAMINATION REPORT

1. Name: :
2. Father's Name :
3. General Appearance :
4. Physical Deformity (if any) :
5. (A) Height (in cm) :  
(B) Weight (in Kg) :  
(C) Chest Measurement :  
(i) Complete Expiration :  
(ii) Full Inspiration :
6. Condition of Teeth :  
    Gum :  
    Tongue :  
    Ear :  
    Throat :
8. Respiratory System :
9. Eye Vision :
10. Colour Blindness :

Signature of the Candidate  
*(To be signed in front of the Medical Officer)*

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### REMARKS OF MEDICAL OFFICER

I have examined the above candidate, Sri / Smt .....  
.....and consider him/her **fit /unfit** for  
undertaking Technical Education.

**Signature and Designation**  
**With seal of the Medical Officer**

**(To be obtained from an authorized Govt. Medical Officer)**