Revn. No. / Date: 00 CEK/ISO/ADMN/233

COLLEGE OF ENGINEERING KIDANGOOR

Request by Students for Fee Structure

Name:	Name of fathe	er/mother:
Admn no:	Branch: Semester /	Year of study:
Category (TFW, Merit, M	Management, NRI):	
Type of Admission (Reg	ular/ lateral entry/ Spot)	
Whether Hostler (Yes/N	No), If Yes, Name of hostel:	
Additional Requirements	(Tick whichever is required)	
•	Examination Fee	: Yes / No
•	Bus fee	: Yes / No
•	Text books , Records & notebooks	: Yes / No
•	Uniform Expense	: Yes / No
•	Laptop	: Yes / No
•	Project	: Yes / No
Purpose : Loan / Scholarship	/ Other	
Name of Bank/ Other		. Branch
Date:	Signature of s	tudent:
Recommended by:		
Name :		
Signature:		
	OFFICE USE	
Remarks by section:	Scrutinized by	Approved by
Name :	Name :	PRINCIPAL
	Received the certificate:	
		Name &Signature of student

Class:

Revn. No. / Date: 00 CEK/ISO/ADMN/233

COLLEGE OF ENGINEERING KIDANGOOR

Request by Students towards Industrial Training / Main Project/Internship/industrial visit

Branch:

Name & Address of firm /organization	Name of participating students with admission Number	Recommendati by Tutor/ HOD
/organization	Tvalifoci	by Tuton Tion
Dumaca		
Purpose:		• • • • • • • • • • • • • • • • • • • •
D ' 1 C		
Period from:		
	nt: Recommended by:	
	nt: Recommended by:	
Date: Signature of studer	nt: Recommended by: Name : OFFICE USE	
Date: Signature of studer	nt: Recommended by: Name : OFFICE USE	
Date: Signature of studer Prepared by:	Name:	by
Date: Signature of studer Prepared by:	Name:	by
Date: Signature of studer Prepared by:	Name:	
Date: Signature of studer Prepared by:	Name:	by
Date: Signature of studer Prepared by:	Name:	by

Revn. No. / Date: 00 CEK/ISO/ADMN/233

COLLEGE OF ENGINEERING KIDANGOOR

Request by Students borrowing original certificates

1 Doguirod Origina	al cortificato (10th/E	Plus 2/ Diploma / Other (Specify)
1. Kequired Origina	ii certificate (10 / 1	ius 2/ Dipionia / Other (Specify)
2. Purpose for which	h certificate seeking:	
3. Date of return of	certificates:	
Date:	Si	gnature of student:
Recommended by:		
Group Tutor : Signatu	ire	HOD: Signature
Name		Name
	OFFICE USE	
Remarks by Section:		
remarks by Section.		
Sanctioned issue of required ce	rtificates:	
	Signature of Princ	cipal / Administrative Officer
Received the following certific	ates:	
	Sl No	Name of certificates

Class:

Revn. No. / Date: 00 CEK/ISO/ADMN/233

COLLEGE OF ENGINEERING KIDANGOOR

Request by Students for railway concession

Branch:

(A) For Season Ticket	

Name	DOB	From	То
(B) For Educational	Tour/ Industrial traini	ng/ Other	
Name & Address of firm	From		То
NB: Please attaché list of stude	ents		
Date:	Date: Signature of student:		
Recommendation by: 1. Group Tuto	r: Name	Signaturo	2
2. HOD/Staff-	in-charge: Name	Signature	e
	OFFICE USE		
Prepared by:	Scrutinized by	Approv	red by
Name :	Name :		PRINCIPAL
Received:			
Name &Signa	ture of student		

Revn. No. / Date: 00 CEK/ISO/ADMN/233

COLLEGE OF ENGINEERING KIDANGOOR

REQUEST FOR RECOMMENDATION FOR SCHOLARSHIP

Name:	Sem:	Branch:	
Admission No:			
Name of Father / Mother:			
Name of scholarship:			
Name of agency awarding scholarsh	ip:		
Whether specific format attached:		Yes/ No	
Date:		Signature of student	
Particulars verified and recommend	lod:		
Particulars verified and recommend	led:		
Group Tutor : sign:		HOD: sign:	
Name:		Name:	
	Office Use		
Remark by section:			
Verification:			
		Approved	
		(Principa)
Received			
Signature of student with date		Name of student:	

Revn. No. / Date: 00 CEK/ISO/ADMN/233

COLLEGE OF ENGINEERING KIDANGOOR

Request for fee paid certificate for Income tax

		Date:
Name:	Adm.N	o:
Sem:	Branch:	
Category – (TFW/ Mei	rit/Mgt/NRI) :	
Name of Father/ Mot	her for whom the certificate is neede	ed
Receipt No:	Amount of tuition fee:	
Date of payment:		
		Signature of student
	FOR OFFICE USE ONLY	
Remarks by section:	Ve	erification:
	Approval by Principal	
Received certificate		
Date:	Signature of the student:	

Revn. No. / Date: 00

COLLEGE OF ENGINEERING KIDANGOOR

CEK/ISO/ADMN/233

Request for General purposes

			Date:
Year of Admission/Period of study:			
Name:	Adm.No:	Sem:	Branch:
Category – (TFW/ Merit/Mgt/NRI) :			
Type of certificate needed:			
(Conduct / Bonafide /Course comple	etion/ KSRTC pas	s / Other (specify)	
Purpose			
		Signature of Stud	ent:
Particulars verified and recommende	ed:		
Group Tutor : sign:		HOD: sign:	
Name:		Name:	
		F ONLY	
	FOR OFFICE USE	EONLY	
Certificate prepared by:	scrutiny by:		
		Approv	ved
			Principal
Received certificate:			

Signature of the student:

Date:

Revn. No. / Date: 00 CEK/ISO/ADMN/233