

KALPANA CHAWLA GOVT. POLYTECHNIC FOR WOMEN, AMBALA CITY-134003
(Institute Level Counseling) 2026-27

For Office use Only
Form No.....

Merit / Rank.....

"Ragging is banned in the institution"

Latest Passport
size Photograph

Please mark (✓) for which course candidate wants to apply in this form

1. Diploma Engineering Course(Three Year Duration)after 10th class

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2. Diploma Engineering Course- Lateral Entry (Two Year Duration)

after 10+2 (PCM/ Vocational/ NSQF Level-4)/ two year ITI Courses in Technical line

Please fill separate form for Diploma (Engg.) , Diploma (Lateral)

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Name of Candidate:.....Father's Name:.....

Mother's Name.....Date of Birth.....

Category of Candidate.....Whether belong to Haryana / Outside.....

(If Haryana Applicant belongs to SC, SC-D, BC-A,BC-B,TFW Category, she required to attach Family ID. If belongs to EWS Category attach EWS Certificate also).

Aadhaar No.....(attach Photocopy)

PPPID No.(Attach PPP ID. If belongs to Haryana)

Phone / Mobile No.(1) WhatsApp No.....(2).....

Email id :

List of Documents Attached:.....

Education Qualification

S.No	Qualification	Board Name	Marks Obtd.	Max Marks	Percentage (%)
1	Matric				
2	10+2 (PCM/ Voc./NSQF Level 4)				
3	ITI (min.2 year Technical course)				

Permanent Address.....

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List of Available Branches:

S.No.	Name of Course/ Branch
<u>01</u>	Computer Engineering
<u>02</u>	Electronics & Communication Engg.
<u>03</u>	Finance Accounts & Auditing
<u>04</u>	Library & Information Science
<u>05</u>	Medical Laboratory Technology
<u>06</u>	Office Management & Computer Application

Applicant needs to fill branches according to the order in which she wants admission

Your Choice of branch:.

1.
2.
3.
4.
5.
6.

* This Form is merely for Registration only and the final admission will be made on the basis of merit of marks of Matric / 10+2 and availability of seats.

Date: _____ **Signature of Candidate** _____ **Signature of Parents / Guardian** _____

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On the basis of rank, priority of preferences filled by the candidate & State Govt. Reservation Policies (instructions of HSTES, Panchkula) received, the candidate is being allotted.

i) Branch Name _____ (Category) _____ on date _____

ii) Branch Name _____ (Category) _____ on date _____

Signature of Seat Allotment Officer / Incharge _____

FEE RECEIVED RS _____ **Receipt No.** _____ **Dated** _____ **Signature** _____