COIMBATORE INSTITUTE OF TECHNOLOGY

(Government Aided Autonomous Institution Affiliated to Anna University, Chennai)

COIMBATORE – 641 014

Tel: 0422 – 2574071, 2574072, E – Mail :principal.citoffice@cit.edu.in

To **Date:**

Admission to the Second Year of the B.E / B.Tech. Degree Course

You are informed that you have been **Provisionally Selected** for Second Year the B.E / B.Tech Degree Course (Lateral entry) at **Coimbatore Institute of Technology**, Coimbatore .The admission is valid and final only after the establishment of complete eligibility by the actual verification of all certificates in original and subject to the approval of the Directorate of Technical Education and the Anna University. You should be present with all your original certificates and fees for admission on _____ by 9:00 am at the **Main building conference hall** of our institute.

.

Fees and Deposits payable at the time of admission:

Aided courses - **Rs. 33350 / - Per Year**

S.S. courses - **Rs. 56,000 /- Per Semester**

B. Tech (AI & DS) - **Rs. 53,000 /- Per Semester**

Failure to join the Institute by the time fixed for admission or Submission of any adverse certificate or non-production of original certificates will result in the cancellation of your admission.

The fees, once paid, will not be refunded. No extension of time for admission will be granted under any circumstances.

PRINCIPAL

COIMBATORE INSTITUTE OF TECHNOLOGY, COIMBATORE – 641 014

NAME			
COURSE	**B. E / B. Tech**	**Reg No**	
BRANCH			

II YEAR (LATERAL ENTRY) B. E / B. Tech ADMISSION 2026-27

FOR OFFICE USE ONLY		No.	**ARRANGE THE ORIGINALS IN THE FOLLOWING ORDER**
YES	NO	1	Allotment order from ACCET, Karaikudi
YES	NO	2	Mark List of S.S. L.C. Examination or equivalent qualifying examination
YES	NO	3	Mark List of H.S.C. (Lateral Entry Diploma Holder)
YES	NO	4	Diploma Examination Mark Lists of All Semesters (or) Consolidated Mark Sheet
YES	NO	5	Diploma Certificate of the State Board of Technical Education & Training, Tamilnadu (or) Provisional Certificate May – 2026
YES	NO	6	Transfer Certificate (From the Head of the Educational Institution in which the candidate last studied)
YES	NO	7	First Graduate Certificate & Joint Declaration Form
YES	NO	8	Original Community Certificate
YES	NO	9	Certificate of Physical Fitness & Declaration Form
YES	NO	10	Student's Particulars form (Affix passport size photo of the candidate and parents in the space provided)
YES	NO	11	Cash Remittance Slip
YES	NO	12	Allotment order Photo copy
YES	NO	13	Aadhaar card Xerox copy

Verified

Signature:
Name:

COIMBATORE INSTITUTE OF TECHNOLOGY
(Government Aided Autonomous Institution affiliated to Anna University)
COIMBATORE – 641 014

STUDENT'S PARTICULARS 2026-27

(FILL IN BLOCK LETTERS)

AFFIX PHOTO HERE (Student's Photo)	AFFIX PHOTO HERE (Father's Photo)	AFFIX PHOTO HERE (Mother's Photo)

Student's Name:_____ Signature _____

Father's Name _____ Signature _____

Mother's Name _____ Signature _____

1. a. Aadhaar No [ ] Date of Birth [ ]

c. Class& Branch: [ ] d) Roll No. [ ] e. TNLEA Reg No [ ]

2. Permanent Address (Photo copy of ration card must be attached)	Address of close relatives or family friends in and around Coimbatore to contact during emergency
Pin Code [ ] Mobile No [ ]	Name : Occupation: Relationship: Address : Pin Code [ ] Tel No [ ]

3. a) Nativity_____ b) Religion _____

i) Village_____ c) Caste _____

ii) Taluk_____ d) Community: SC/ST/MBC/BC/Others

iii) District_____ e) Mother Tongue _____

f) Blood Group _____

g) Scholarship, if any, give details_____

h) Parents Annual Income: j) UMIS No.._____

i) I) Email ID:

EDUCATIONAL DETAILS

Diploma Course passed	Name & place of Institution	University / Board	Month / Year of passing	Reg.No	No. of Attempts	No. of Improvement appearances

DETAILS OF THE MARKS OBTAINED IN THE DIPLOMA

SEMESTER	**I**	**II**	**III**	**IV**	**V**	**VI**	***VII**
No. of Attempts							
Reg.No							
Year of passing							
Marks obtained							
Maximum Marks							
Percentage							

***For Sandwich Diploma holders**

Overall Percentage (1st Semester to 6th / 7th Semester):_____

7. Extra-Curricular Activities (Give Details):

I do hereby declare that the above said details furnished by me are complete and correct to the best of my knowledge.

Date: Signature of the Student

COIMBATORE INSTITUTE OF TECHNOLOGY
(Government Aided Autonomous Institution Affiliated to Anna University, Chennai)
COIMBATORE – 641 014
Tel: 0422 – 2574071, 2574072 Grams: 'COINTECH'

Joint Declaration by the Parent or Guardian and the Candidate

I hereby solemnly and sincerely affirm that

1. The statements made and information furnished in my son's/daughter's/ward's application and also in all the enclosures thereto submitted by him / her are true. However, if it is found later that any information furnished therein is untrue, I realised that i am liable for criminal prosecution and i also agree to the forfeiture of his/her seat in the institution
2. My son /daughter /ward would confirm strictly to all rules and regulations in force now or which may be introduced in the institute hereafter and that I realise that any breach of discipline and rules on my son's/daughter's/ward's part would entail summarily forfeiture of his / her seat in the institution.
3. I am aware that if my son/daughter/ward does not put in a minimum of 75% attendance during the year in theory, drawing and practical classes separately, my son/daughter/ward will not be permitted to appear for the final examination
4. I am aware that the curriculum for the various courses is not rigid & that my son/daughter/ward will follow the syllabi for the various courses in force at the time of his/her admission and that any revision or modification made in the syllabi during the course of his/her study in the institution will be blending on him/her
5. I am aware that if my son/daughter/ward does not get a minimum of 50% marks in the day to day valuation of his/her work and progress he/she will not be permitted to appear for final examination
6. In case, son/daughter/ward progress in studies is uniformly poor, in the institution, his/her studies are liable to be terminated with the issue of Transfer certificate.
7. In case, my son/daughter/ward becomes a scholarship holder or comes to enjoy educational concessions like half fee or full fee etc., and does not show progress, the scholarship or educational concessions are liable to be cancelled and if my son/daughter/ward's conduct and character are not good these will be cancelled summarily
8. son/daughter/ward is aware that any breach of discipline and rules or bad conduct in the N.C.C. or extra curricular activities will also entail summarily forfeiture of seat in in the institution, in addition to such other proceedings that may be taken against him/her
9. i am aware that if my son / daughter / ward is admitted into the hostel he/she will strictly abide by the rules and regulations in force in the hostel and that any breach of discipline or rules on any unruly conduct or undesirable activities will be summarily dealt with resulting in the forfeiture of seat both in the hostel and the institution in addition to such other proceedings that may be taken against him/her
10. in case, the qualification possessed by my son/daughter/ward is not recognised by affiliating university he/she will dis continue forthwith the course which he/she undergoes.
11. I will not request for transfer from Coimbatore institute of technology to any other engineering institution and also guarantee that I will continue in Coimbatore institute of technology until the completion of their courses
12. I also affirm that I will abide by the rules and regulations stipulated by the institute from time to time

Signature & Name

Station: **Father** _____ _____

Date : **Mother**_____ **Signature of the Candidate Name**

DECLARATION BY THE STUDENT

I, ... (Name in block letters), Son / Daughter of .....hereby solemnly declare that the certificates furnished by me are true, correct and complete. Otherwise, I will be liable to forfeit my seat and / or removed from the rolls of the Institution at whatever stage of study, besides making me **LIABLE FOR CRIMINAL PROSECUTION.**

Date: Signature of the student

Place: Signature of the Parent

COIMBATORE INSTITUTE OF TECHNOLOGY

COIMBATORE - 641 014

ANNEXURE – 1

AFFIDAVIT BY THE STUDENT

I_____(full name of students with admission/ registration/ enrolment number) S/o-

D/o . of Mr./Mrs./Ms._____

1. Having been admitted to Coimbatore institute of technology, have received a copy of the AICTE regulation on Curbing the menace of Ragging in Higher Educational at Institutions, 2009, (here after 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 me in case i am 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) I will not indulge in any behaviour or act that may be constitute as ragging under clause 3 of the Regulation

    b) I will not participate in or abet or propagate through any act of commission or omission that may be constitute 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 me 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 declarations is found to be untrue. I am aware that my admission is liable to be cancelled.

Declared this_____day of_____month of_____year _____

Signature of Deponent

Name

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_____(place)_____on this the (day) -------- of (month)(year)_____

Signature of Deponent

Solemnly affirmed and signed in my presence on this (day) _____of_____month,_____(year) after reading the contents of this affidavit

OATH COMMISSIONER/NOTARY PUBLIC

COIMBATORE INSTITUTE OF TECHNOLOGY

COIMBATORE - 641 014

ANNEXURE – 2

AFFIDAVIT BY PARENT / GUARDIAN

I, _____(full name of parent / guardian) father / mother / guardian of Mr./Mrs./Ms._____(full name of students with admission/ registration/ enrolment number)

1. Having been admitted to Coimbatore institute of technology, have received a copy of the AICTE regulation on Curbing the menance of Ragging in Higher Educational at Institutions, 2009, (here after 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 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

    c) My ward will not indulge in any behaviour or act that may be constitute as ragging under clause 3 of the Regulation
    d) My ward will not participate in or abet or propagate through any act of commission or omission that may be constitute as ragging under clause 3 of the Regulations

5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me 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 declarations is found to be untrue. I am aware that my admission is liable to be cancelled.

Declared this_____day of_____month of_____year_____

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 affidavity is false and nothing has been concealed or misstated therein

Verified at_____(place)_____on this the (day) -------- of (month)(year)_____

Signature of Deponent

Solemnly affirmed and signed in my presence on this (day) _____of_____month,_____(year) after reading the contents of this affidavit

OATH COMMISSIONER/NOTARY PUBLIC

COIMBATORE INSTITUTE OF TECHNOLOGY
(Government Aided Autonomous Institution Affiliated to Anna University, Chennai)
COIMBATORE – 641 014
Tel: 0422 – 2574071, 2574072 E-mail: principal.citoffice@cit.edu.in

CERTIFICATE OF PHYSICAL FITNESS

I do hereby certify that I have examined Mr. / Ms. _____

a candidate for selection to the Engineering Course in Tamil Nadu and found that he / she has no disease or infirmity except _____

I do not consider this as a disqualification for undergoing the course.

His / Her age according to his / her own statement is _____ years and by appearance is about _____ years. He /She has marks of Smallpox / Vaccination.

PERSONAL MARKS OF IDENTIFICATION

Height_____cm weight_____kg

Chest measurement on full inspiration_____cm and expiration_____cm

Acuteness of Vision L_____ R_____

In case where sight is corrected with glasses, the power of glasses for each eye should be mentioned.

Signature of the Medical Officer with Seal

Station:
Date :

Name :
Rank :
Designation :

N.B. Any defect, deformities or other disabilities, should be noted in detail

*A Registered Medical Practitioner not below the rank of an Assistant Surgeon.

COIMBATORE INSTITUTE OF TECHNOLOGY ,COIMBATORE – 641 014

(Government Aided Autonomous Institution Affiliated to Anna University, Chennai)

FEES REMITTANCE SLIP

II YEAR B.E/B.Tech (LATERAL ENTRY) – 2026-27

NAME OF THE CANDIDATE

Counselling Register No

AMOUNT PAYABLE

B. E / B. TECH (Chemical) (Aided) — **Rs. 33,350/- Per Year**

B.E. (CIVIL – SS)
B.E. (MECH – SS)
B.E (EEE –SS)
B.E .(ECE – SS)
B.E.(CSE – SS)
B.Tech.(IT – SS)
B.Tech. (Chemical-SS)

For Counselling Students — **Rs. 56,000/- Per Semester**

B. Tech. AI &DS (SS) for Counselling---------- — **Rs. 53,000/- Per Semester**

Signature of the Candidate

ENCLOSE: PHOTO COPY OF THE FOLLOWING

1. Allotment order
2. Community Certificate (SC / ST Only) (Aided Courses Only)
3. First Graduate certificate (If applicable)
4. First Graduate Joint Declaration form

COIMBATORE INSTITUTE OF TECHNOLOGY, COIMBATORE

LATERAL ENTRY B. E / B. TECH, ADMISSION – 2026-27

CERTIFICATES TO BE ARRANGED IN THE FOLLOWING ORDER

FIRST BUNCH (TO BE STAPLED) (ALL ORIGINALS)

1. Allotment order from ACCET, Karaikudi.
2. Community Certificate
3. S.S.L.C. Mark Sheet
4. H.S.C. Mark Sheet (Lateral entry Diploma Students only)
5. Transfer Certificate
6. Diploma Examination Mark List of All Semesters (or) Consolidated Mark Sheet
7. Diploma Certificate of the State Board of Technical Education (or) Provisional Certificate

SECONDBUNCH (TO BE STAPLED)

1. Photo copy of Allotment order (only First Graduate Students)
2. Original First Graduate Certificate
   (FG certificate should include the following family members the candidate's father, mother, brother & sister, paternal grandfather, paternal grandmother, maternal grandfather, maternal grandmother)
3. Original joint declaration of first graduate in the prescribed format duty signed by the student and his parent / guardian

THIRD BUNCH (TO BE STAPLED)

1. Certificate of physical Fitness
2. Student's particulars – 2026-27
3. Affidavit by student (Get signature from the notary public)
4. Affidavit by parent / guardian (Get signature from the notary public)
5. Joint declaration by the parent or guardian and the candidate (issued by CIT)
6. Declaration by the student (issued by CIT)

FOURTH BUNCH (TO BE STAPLED)

1. Fees Remittance slip – 2026-27
2. Photo copy Allotment order
3. Photo copy of Community Certificate (SC/ST only) (Aided courses only)
4. Photo copy of First Graduate Certificate
5. Photo copy of joint declaration in the prescribed format duly signed by the first graduate student and his / her parent / guardian

DATA REQUIRED FOR UMIS ENTRY

General Information

EMIS-ID (available in HSc Mark Sheet or TC):/ UMIS No.:

Salutation : SELVAN / SELVI

Student Name (As on Certificate) :

Student Name (As on Aadhaar) :

State Name :

Student Date of Birth :

Gender : Male / Female Blood Group :

Nationality : Indian / Others Religion: Hindu / Christian / Muslim / Others

Community : Caste :

Community Certificate Number :

Aadhaar Number :

Is the student the first graduate in the family? *: Yes / No

If yes, Certificate Number :

Did you come under any special admission Quota? *: Yes / No

If Yes, Type of admission : 7.5 Category / Ex-Serviceman/ Freedom Fighter

Did you belong to differently abled category? *: Yes / No

Contact Information

Student Mobile Number: Email Id :

Permanent Address :

Country : INDIA State / Union Territory:

District : Taluk :

Village : Pin code :

Location Type : Urban / Rural, ***If Urban***

Corporation / Municipal/ Village Panchayat :

Ward No. : Zone:

Postal Address :

Location Type : Urban / Rural, ***If Rural***

Block : Village Panchayat :

Postal Address :

Communication Address:

Family Information

Father's Name :

Father's Occupation / Sector : Government / Private / NA/ Self Employed / unemployed

Mother's Name :

Mother's Occupation / Sector : Government / Private / NA/ Self Employed / unemployed

Guardian's / Spouse's Name : Is Orphan Category :

Annual Family Income (in Rs) :

Income Certificate Number :

Parent / spouse / Guardian Mobile Number:

Bank Information

Account Activities Status (Student Bank Account details only)

Account Holder Name :

Account Number :

IFSC Code : Bank Name :

Bank Branch : City :

Account Type : Savings / Current

Current Academic Information

Academic Year of Joining :

Stream Type : ENGINEERING & TECHNOLOGY / GENERAL

Course Type : UG / PG Course : B.E / B.Tech /MSc / MBA / MCA/ ME

Branch / Specialization :

Mode of Study : Regular / Part Time Date of Admission :

Type of Admission : Government (Counselling) / Management

TNEA Number / Consortium Application No.:

Registration / Roll Number :

Has the student joined as lateral entry ?: Yes / No

Hosteller : Yes / No

Course Category : Regular / Self Support