# TKM INSTITUTE OF TECHNOLOGY KARUVELIL P.O, EZHUKONE, KOLLAM

#### FOR GOVERNMENT / MANAGEMENT CANDIDATES (Documents to be produced)

- 1. Entrance Admit Card
- 2. Entrance Rank Card
- 3. SSLC or Equivalent & 2 Photocopies
- 4. Plus Two (or equivalent) mark list & 2 Photocopies
- 5. Pass Certificate of Plus Two / CBSE / ISC/ ICSE (if any)
- 6 Transfer certificate
- 7. Conduct certificate
- 8. Physical Fitness Certificate from a Govt. Doctor
- 9. Three Passport size photos
- 10. Cast & Income Certificate (for SC/ST only)
- 11. Migration certificate if any (for those qualified from outside Kerala state except CBSE, ISC, ICSE)
- 12. Eligibility certificate if any (for those qualified from outside Kerala state except CBSE, ISC, ICSE)
- 13. Copy of Student's Aadhar Card

### Additional documents for NRI candidates

- 1. Sponsorship Letter
- 2. Passport and Visa Copy
- 3. **Relationship Certificate** from Revenue Authority (Village office)
- 4. Certificate from Bank
- 5. Embassy Attestation Cert
- 6. Work Permit / Labor Card
- 7. Resident Permit / Card

## ANNEXURE - XVII

#### PHYSICAL FITNESS CERTIFICATES

# (a). CERTIFICATE OF PHYSICAL STANDARDS / FITNESS FOR ADMISSION TO BSc.( Hons.) FORESTRY COURSE

[See Clause 13.4 (d) & (g)]

|                                      | •  |                                     | Signature of candidate         |
|--------------------------------------|--|-------------------------------------|--------------------------------|
| I, Dr                                |  | , after careful pers                | sonal examination of the case  |
| do hereby certify that Sri/Kum       |  | who                                 | se signature is given above is |
| having the following physical stand  | dards:   |                                     |                                |
| Height                               | :  |                                     |                                |
| Weight                               | :  |                                     |                                |
| Chest Normal                         | :  |                                     |                                |
| Chest expanded                       | :  |                                     |                                |
| Chest expansion                      | :  |                                     |                                |
| Vision                               | :  |                                     |                                |
| He/She is found physically fit to ur | ndergo education.  |                                     |                                |
|                                      |  | Signature :                         |                                |
|                                      |  | Name :                              |                                |
|                                      |  | Reg. No.                            |                                |
| Place :                              |  | Designation :                       |                                |
| Date :                               |  | Designation .                       |                                |
| FOR ADM                              | (b). PHYSICAL FITNESS CE<br>MISSION TO ENGINEERING / MED<br>[Other than BSc.( Hons.) For | ICAL & ALLIED COUR<br>estry course] | <u>eses</u>                    |
|                                      | [See Clause 13.4 (g)   | )]                                  |                                |
|                                      |  |                                     | Signature of candidate         |
| I, Dr                                |  | after careful pers                  | onal examination of the case   |
| do hereby certify that Sri/Kum       |  | wh                                  | nose signature is given above  |
| is found physically fit to undergo p | rofessional education.   |                                     |                                |
| His/Her height, wei                  | ght, chest   | and vision                          |                                |
|                                      |  | Signature :                         |                                |
|                                      |  | Name :                              |                                |
| Place :                              |  | Reg. No. :                          |                                |
| Date :                               |  | Designation :                       |                                |
| Date .                               |  | Designation .                       |                                |