



CENTRAL UNIVERSITY OF ORISSA

SPOT ADMISSION APPLICATION FORM : 2016 –2017

1. NAME OF THE CANDIDATE AS PER 10TH PASS CERTIFICATE (IN CAPITAL LETTERS):

FIRST NAME	<input type="text"/>
MIDDLE NAME	<input type="text"/>
LAST NAME	<input type="text"/>

Affix your recent
colour passport size
photograph of good
quality
(Size 3.5 cm x 4.5 cm)

2. DATE OF BIRTH (DD/MM/YYYY): / /

3. GENDER: MALE FEMALE TRANSGENDER

4. CATEGORY: GENERAL SC ST OBC (Non Creamy Layer)

SIGNATURE

5. PWD STATUS: YES NO IF YES, VH HI OH % OF DISABILITY

6. NATIONALITY: INDIAN FOREIGN NATIONAL 7. STATE OF DOMICILE:

8. RELIGION: HINDU MUSLIM CHRISTIAN OTHERS

9. WARD OF DEFENCE PERSONNEL OR SELF (In-service/Retired): YES NO

10. CLAIM FOR BONUS POINT (for scheduled area): YES NO
See Prospectus

11. PROGRAMME APPLIED FOR (PLEASE CHOOSE ONLY ONE PROGRAMME):

NAME OF THE PROGRAMME:

PROGRAMME CODE:

PROGRAMME NAME & CODE:

M.A. in Odia	101
M.A. in Hindi	110
M.A. in Sanskrit	111
M.A. in Sociology	104
M.Sc. in Anthropology	103
M.Sc. in Applied Statistics & Informatics	112
BCA	114
M.Sc. In Biodiversity and Conservation of Natural Resources	106

12. CENTRES OF ENTRANCE EXAMINATION : KORAPUT

13. FATHER'S NAME (IN CAPITAL LETTERS):

<input type="text"/>

14. MOTHER'S NAME (IN CAPITAL LETTERS):

<input type="text"/>

15. ADDRESS FOR CORRESPONDENCE (IN CAPITAL LETTERS):

<input type="text"/>
<input type="text"/>

DISTRICT:

PIN CODE:

16. PERMANENT ADDRESS (IN CAPITAL LETTERS):

DISTRICT:																PIN CODE:			

17. EMAIL ID:

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18. MOBILE NO:

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19. ACADEMIC RECORDS (IN CAPITAL LETTERS):

EXAMINATION PASSED	NAME OF SCHOOL/ COLLEGE/ INSTITUTION	NAME OF BOARD/ UNIVERSITY/ INSTITUTION	YEAR OF PASSING	% OF MARKS OR CGPA	SUBJECTS/PAPERS OFFERED	HONOURS/MAJOR SUBJECT (S)
High School / Matriculation / 10 th Class or Equivalent						
Senior School Certificate / Higher Secondary (10+2) or equivalent						
B.A./B.Com./ B.Sc./ /B.E/B.Tech or Equivalent						
M.A./M.Sc./ M.Com. or Equivalent						

20. DETAILS OF BANK CHALLAN:

CHALLAN JOURNAL NO:

DATE OF TRANSACTION (DD/MM/YYYY):

D	D	/	M	M	/	2	0	1	6
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AMOUNT (IN Rs.):

DECLARATION BY THE APPLICANT

I do hereby declare that all the information furnished by me in the application form is true to the best of my knowledge and in case, any information is found to be false, my application shall be treated as cancelled.

Date:.....

Place:.....

Signature of the Applicant

APPLICATION FORM INCOMPLETE IN ANY RESPECT SHALL NOT BE CONSIDERED