

Academic Information

Examination	Year	Name of School/College	Board/University	% of Marks	Subjects

* Students appearing for their qualifying exams may write "Results Awaited"

Do you have any Chronic illness Yes No. If yes, mention the illness.....

Original Certificates Enclosed (Please Tick)

1. HSC / 10th Class Certificate	<input type="checkbox"/>	8. Ex-Serviceman	<input type="checkbox"/>
2. HSC / 10th Class Mark Sheet	<input type="checkbox"/>	9. Conduct or Character Certificate	<input type="checkbox"/>
3. +2 or equivalent Certificate	<input type="checkbox"/>	10. Migration Certificate	<input type="checkbox"/>
4. +2 or equivalent Mark Sheet	<input type="checkbox"/>	11. Caste Certificate(SC/ST/OBC only)	<input type="checkbox"/>
5. Degree Certificate	<input type="checkbox"/>	12. Resident Card Certificate	<input type="checkbox"/>
6. Degree Mark Sheet	<input type="checkbox"/>	13. Orissa JEE/AIEEE/CET Rank Card	<input type="checkbox"/>
7. C.L.C./T.C.	<input type="checkbox"/>	14. Photo Copies (Four)	<input type="checkbox"/>

Joint Declaration by Candidate and Parents / Guardian

I,.....
 hereby affirm that the particulars given in the application are true and correct, I confirm there is no criminal proceedings against me in past. In case it is proved at any stage that there is any suppression, distortion or incorrect and false statement or data, I hereby agree to be prosecuted against it and an immediate dismissal from the Institution / Hostel. I would also be liable to make good any loss that may be caused due to my covert or overt action and agree that I would lose all rights and claims consequently, whatsoever. I further state that I shall not take part in any strike, demonstration, political or criminal activity. I am fully aware of the rule that the fee once paid will neither be refunded or adjusted under any circumstance, whatsoever.

Place :..... Date:..... Signature of the Candidate

I,.....
 Parent / Guardian above, do hereby declare that all the informations given herein are true and correct. I stand guarantee for the good conduct of my ward during the course of his / her study and stay in the hostel. I authorize the instructions to initiate disciplinary action against my ward for violation of any of the rules and regulations. I also promise to compensate for damages that may have been caused by my ward due to his / her conduct.

Place :..... Date:..... Signature of the Parent / Guardian

For Office use only (do not write in this place)**Admission:****Category:****Branch:****University Reg. No.:****Hostel Allotted :****NOTE:**

- i. Migration certificate should be submitted within one month from the date of admission.
- ii. Change of address, if any, must be communicated to the office immediately.
- iii. Fees once paid shall not be refunded under any circumstances.
- iv. For all matters of legal disputes the Jurisdiction shall be Hon'ble Courts at Gunupur.