



Utkal University

POST-GRADUATE TEACHING DEPARTMENTS
VANI VIHAR, BHUBANESWAR-751004



FORM NO: _____

OFFLINE APPLICATION FORM FOR ADMISSION

for Masters Programs

For Office Use Only

DATE OF SUBMISSION AT DEPARTMENT		SIGNATURE OF THE RECEIVING OFFICIAL	
Career Marks	Verfying officer	H.O.D	
Entrance Test Marks	Admission In Charge		
Total marks	Roll No.	Date of Admission	
Position in the List	Recommendation of HOD		

A. Course for which Appling: _____ Academic Session: **2012-13**

B APPLICANT DETAILS:

- | | |
|--------------------------|---------------------|
| 1. Name of Applicant : | 2. Sex: |
| 3. Mother's Name: | |
| 4. Occupation Of Mother: | |
| 5. Father's Name: | |
| 6. Occupation Of Father: | |
| 7. Nationality: | 8. Date of Birth: |
| 9. Blood Group: | 10. Religion: |
| 11. Mother Tongue: | 12. Marital Status: |

Affix your self attested(on the front) recent colour passport size photograph here

10 Permanent Address

Name:	C/o:
At:	Post Office:
Police Stn.	Via:
District:	State:
PIN Code:	Telephone:
Country:	E-mail Address
Mobile Number	

11 Present Address (It may not be filled up, if permanent Address is same as present Address)

Name	C/o:
At:	Post Office:
Police Stn.	Via:
District:	State:
PIN Code:	Telephone:
Country:	Mobile No:

Details of Fees paid for entrance examination:

Crossed Demand
Draft/No: _____ Date: _____ Rs: **400** Bank Name _____

Direct Deposit
Journal No. _____ Date _____ Rs **400** SBI
BRANCH
CODE : _____

12 Details Of academic Career:

Exam Passed	Year	Board/University	Division	Subject Offered	Details Of Mark		
					Mark Secured	Full Marks	Mark %
H.S.C or Equivalent							
				HONS. SUBJECT	TOTAL MARK SECURED		
					AGGREET (ONLY IN HONS)		
LLM							

If you have not taken any Honours subject leave the Space for Hons. Subject BLANK Distinction (+3): _____

Full marks In Hons (+3): _____

Utkal University Registration No: _____ Year: _____

Whether you are admitted/have passed / appeared any other Post-Graduate Course or have completed any Post-Graduate Course, to qualify to sit for annual Examination: _____

Are you admitted to any other course? _____

University: _____ Course: _____ College: _____

Proposed Residence: _____

Local Guardian (If any) : _____

Name : _____

Address: _____ Relationship: _____

Phone: _____

Do you have any Criminal antecedents, including police case if any (If yes, Mention service particulars) _____

Give Details: _____

Whether employed ? (If yes, Mention service particulars) _____

Name of the organisation	Designation and nature of the service	Date of joining	Date of Relieve (if any)
--------------------------	---------------------------------------	-----------------	--------------------------

1. Claim on any reserved Category ? _____

2. Physically/Orthopedically Handicapped (PH/OH): _____

4. Serving Defence Personnel (SDP): _____

6. Are you an Domicile of Odisha Living in Outside State? _____

3. Children of Ex-Service Man (ESM) _____

5. .Children of Martyrs (CoM) _____

7. Are you Oriya Living in Neighbouring State (OLNS)? _____

Claim on any Special Category

8. Representing the Country in International Sports during last 3 years (IS): _____

9. Representing State at National Level Sports during last 3 years (NS): _____

10. Representing State at Inter-University sports during last 3 years (US): _____

Declaration by the Applicant

I sri/Ms./smt. _____ son/daughter/wife of _____
do here by declare that all information given above are true to the
best of my knowledge and belief. Any misinformation found on verification of the original document shall lead to cancellation of
selection/admission and will be treated as cognizable offence.

Date _____ Place _____

Full Signature of Applicant

Essential enclosures

- Self-Certified copies of the following as required :
1. Mark sheets and Certificates of all examinations.
 2. SC/ST Certificate from the competent authority (MP/MLA/Collector/ADM/SDO/Local Gazetted Revenue officer not below the rank of Deputy Collector or tahasildar.)
 3. Self attested passport size photograph of applicant to be pasted on the first page of the application form.
 4. Physically handicapped certificate and ID card issued by District Welfare officer/ Community Development Officer/Social welfare Department of State Government.
 5. Sports and Game Certificate of participation are required for special weightage consideration, from the competent Authority-Director of Sports/ Sports Council of the University countersigned by the Principal/HOD of the College/Department.
 4. Demand Draft/Photocopy of the receipt of Direct Deposit (Write your name, application number and course applied for on the back side of the bank draft/ back side of the *Photocopy of the receipt of Direct Deposit*)

INDEX CARD

The undersigned acknowledges the receipt of your application for admission in to the Department of

You have been assigned the Index number

You are required to quote this number always in all your future correspondences regarding admission.

HEAD OF THE DEPARTMENT

P.G DEPARTMENT OF.....

NB:- Please attach a self addressed stamped envelope of Rs 6/-