

DISTANCE MODE EDUCATION PROGRAMME

ADMISSION-CUM-EXAMINATION FORM -SESSION 2025-2026

{Plot No. 31, Unit IV, Bhouma Nagar,BBSR, Odisha-751001}

Name of the Course

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														PIN								

														PIN							

Aadhar Card Number		(Aadhar Card is Mandatory)											
Phone/Mobile Number						Email							
Date of Birth		– (Day - Month - Year)											
Nationality		Religion				Marital Status							

Gender	Male/Female/Other	
Category	Gen./\$C/\$T/OBC	
Disability	Yes/No(If Yes attached Certificate)	
Ex-Serviceman	Yes /No (If Yes attached Certificate)	

Paste Passport Size
Photo without
Signature

Appearing for Full Subject/Part Subject/(TOC)	
Medium of Study	

(Group-A)	1.		2.	
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(Group-B)	1.		2.		3.	
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1.		2.		3.	
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Detail of Subjects Passed with Marks obtained for TOC (Original Certificate should be attached)

1.	()	2.	()	3.	()	4.	()
Name of the Board (Earlier Appeared)							
Year of Passing				Enrollment			

Last Qualification Details

Class		Roll No.		Result		Obtained Marks		%	
Board Name							Year of Passing		
If you do not have any qualification you have to submit affidavit that you know write, read and have knowledge of languages.									

List of attached Documents

1.	2.
3.	4.
5.	6.
7.	8.

Declaration by the Student

I hereby declare that I have read and understood the eligibility conditions and that I fulfil all the criteria for the course, I wish to take admission in the course. All the information given in this form is given by me and is completely true. All the documents attached with this form are original. If anything is found wrong or illegal in the information given by me and the attached documents, I will be solely responsible for it, in such a case the Board can cancel my admission with immediate effect without informing me. I accept the rules mentioned in the prescribed Information Brochure and Course of Study Booklet.

Date

Signature Parent/Guardian

Signature of the Candidate

For Office Use Only :

Checked and Verified

On Date.....

Name of the verifying officer with Designation.....

Signature of the authority with Stamp.....