

INSTITUTE OF MATHEMATICS AND APPLICATIONS

(Science & Technology Department, Govt. of Odisha)
Andharua, Bhubaneswar-751029

APPLICATION FORM FOR ADMISSION INTO UG COURSE

Reference Number

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For Office use only

Paste your recent
passport size
photograph (Color)
and append your full
signature.

(Full Signature)

INSTRUCTION: Fill in the application form in your own handwriting clearly and legibly.
Incomplete and duplicate forms may be rejected.

NAME OF THE COURSE:

B.Sc. (HONS.) IN MATHEMATICS AND COMPUTING

Choice of Preferences of Test Centre: *Please mention the centre code in order of preference. (Refer Information Brochure for the list of examination centre codes.)*

Preference 1:	
Preference 2:	
Preference 3:	

APPLICATION FEE PAYMENT INFORMATION *

Amount Paid	
Transaction ID	
Date of Transaction	

* Application fee once paid is not refundable.

GENERAL INFORMATION

(Please leave one blank between two words)

1. Name of the Candidate:
(In capital letters)

2. Father's Name:

3. Mother's Name:

4. Category:
(Tick whichever is applicable)

GENERAL	ST	SC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Whether Persons With Disability (PWD) (Write YES/NO in the Box):

6. Date of Birth (As recorded in the High School Certificate):

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Email ID:
(Please write your valid email ID)

8. Mobile No:
(Please write your valid mobile number)

9. Aadhaar Number:
(Please write your valid Aadhaar number)

10. Address for Correspondence (In capital letters):

11. Permanent Address (In capital letters):

12. Mother Tongue:

13. Gender:

14. Religion:

15. Marital status:

16. Nationality:

EDUCATIONAL RECORD

17. Education details:

Name of the Examination	Board/ University	Name of the College/Institution	Year of passing	Stream	Division/ Grade	% of Marks/ CGPA	% of Marks in Mathematics
Matriculation/ High School Certificate Examination or equivalent							
Higher Secondary/ Equivalent Examination							

Others, if any							
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18. Name of the Institution where last studied :

19. Name of the Board/ University where last studied:

OTHER INFORMATION

20. Occupation/Designation of Mother_____ Father_____

21. Total annual income of the household (gross):_____

22. Details of contact person in case of emergency

Name: _____

Address _____

Mobile No. _____

Relationship with the candidate: _____

DECLARATION

I certify that the information furnished in this application is true to the best of my knowledge. My application may be rejected and admission be cancelled, if any information herein is found to be incorrect at any time even after admission.

PLACE:
DATE:

SIGNATURE OF APPLICANT
(Full Signature)

(CHECK LIST OF DOCUMENTS)

[Please put a tick mark in the appropriate box]

1.	Photo copy (self-attested) of High School certificate:	
2.	Photo copy (self-attested) of High School Mark sheet:	
3.	Photo copy (self-attested) of Intermediate/Higher Secondary certificate:	
4.	Photo copy (self-attested) of Intermediate/Higher Secondary Mark sheet:	
5.	Photo copy (self-attested) of the valid caste certificate (If belong to ST/SC candidates of Odisha state domicile.):	
6.	Photo copy (self-attested) of the valid certificate (If belong to Persons With Disability (PWD)):	
7.	Photo copy of details of application fee:	
8.	Two self-addressed envelopes:	
9.	Two recent passport size photograph:	

Total Number of document pages submitted: (in figure) _____

(in words) _____ paged from _____ to _____.

PLACE:
DATE:

SIGNATURE OF APPLICANT
(Full Signature)

(FOR OFFICE USE ONLY)

Mr. / Ms. _____ has been selected

/ wait- listed for taking admission into _____

ACADEMIC SECTION I/C

ADMISSION IN-CHARGE

ADMISSION AND COURSE FEE PAYMENT DETAILS

Amount Paid	
Transaction ID/Demand Draft Number	
Date of Transaction /Date of Demand Draft	
Issuing Bank Name	
Money Receipt No. and Date	

ACCOUNTS SECTION I/C

DIRECTOR