INSTITUTE OF MATHEMATICS AND APPLICATIONS

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

APPLICATION FORM FOR ADMISSION INTO UG COURSE

Reference Number

2 0	2	5	UG				
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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.

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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:	ST	<u>Г </u>					SC			
	(Tick whichever is applicable)										
5.	Whether Persons W	ith Disability (PWD) (Wr	ite YES/NO in th	he Bo	ox):						
6.	Date of Birth (As rec	orded in the High School	Certificate):	D	D	М	М	Y	Y	Y	Y
7.	Email ID:	(Please writ	e your valid ema	ail ID)						
8.	Mobile No:	(Dloaco urrito	your valid mob	vilon	umb	or)					
9.											
	Number:	(Please write y	our valid Aadha	ar n	umb	er)					
10	Address for Corresp	ondence (In capital lette	rs):								
								P	age 2	of 6	

			7		
12. Mother Tongue:					
13. Gender:					
14. Religion:					
			7		
15. Marital status:					
16. Nationality:			7		
J					
	EDU	JCATIONAL R	ECORD		

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

ers, if any					
18. Name of the Institutio	on where last studied	1:			
19. Name of the Board/ U	Iniversity where last	studied:			
	OTHER	INFORMAT	ION		
20. Occupation/Designat			Fa	ther	
20. Occupation/Designation21. Total annual income of	ion of Mother				
21. Total annual income o	ion of Mother of the household (gro	oss):			
21. Total annual income of22. Details of contact personal	ion of Mother of the household (gro	oss):			
21. Total annual income of22. Details of contact personal	ion of Mother of the household (gro	oss): ency			
21. Total annual income of22. Details of contact personal	ion of Mother of the household (gro son in case of emerg	oss): ency			
 21. Total annual income of 22. Details of contact personance Name:	ion of Mother of the household (gro son in case of emerg	oss): ency			
21. Total annual income of 22. Details of contact personance of a second	ion of Mother of the household (gro son in case of emerg	oss): ency			
 21. Total annual income of 22. Details of contact personance Name:	ion of Mother of the household (gro son in case of emerg	oss): ency			
21. Total annual income of 22. Details of contact personance of a second	ion of Mother	oss): ency			
21. Total annual income of 22. Details of contact personance of the second seco	ion of Mother	oss): ency			

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)

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(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