Application Form No



APPLICATION FORM for ADMISSION



Shiksha Vihar, ASBM Bhola, Chandaka, Bhubaneswar- 754 012 Phone: 0674 - 2374824/ 825

E-Mail: admission@asbm.ac.in | Website: www.asbm.ac.in

	No										
	STUDENT NUMBER										
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APPLICATION FORM

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SEC	TION B General Inform	natio	n																						<u> </u>
1.	Name of the Candidate (in block letters)																								
2.	Father's Name																								
3.	Mother's Name												0												
4.	Date of Birth					Т	Τ	7																	
5.	Address for Correspond	D lenc			Y ck le									(in	WOI	rds)									
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	Mobile No.	Ш																							

16. Whether physically challenged (Tick) Yes No	8. Name and Address	of legal Gua	rdian (If both parents	are not alive	∍)					
9. Mother Tongue	(In block lette	ers)								
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10. Gender (Tick whichever is applicable) 11. Religion	PIN	CODE								
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11. Religion 12. Marital Status 13. Category (Tick whichever is applicable) 14. Nationality 15. Citizenship 16. Whether physically challenged (Tick) 17. Educational Details 18. Name of the Examination 19. Whether Board/ University 19. College/ Institute 19. Mariculation /HSC Examination /HSC Examinati	9. Mother Tongue									
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13. Category (Tick whichever is applicable) 14. Nationality	11. Religion									
14. Nationality 15. Citizenship 16. Whether physically challenged (Tick) 17. Education & Experience 17. Educational Details 18. Name of the Examination University College/ Institute Passing Subjects Distinction Marks 18. Matriculation /HSC Examination/ Equivalent Passing Subjects Passing	12.Marital Status									
15. Citizenship	13. Category (Tick which	chever is app	licable)	General	OBC	SC ST	Г			
16. Whether physically challenged (Tick) If Yes, please state the nature and extent of handicap SECTION C Education & Experience 17. Educational Details Name of the Examination University College/ Institute Passing Major Subjects Class/Hons % of Marks Ii. Matriculation /HSC Examination/ Equivalent Iii. +2/ Higher Secondary/ Equivalent Iv. PG Degree/ Diploma, Specify if any V. Any other (Specify) Vi. Have you undergone any Course/Training in Computer ? Specify Duration	14. Nationality									
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Degree/ Diploma Year/ Month of Passing	SECTION C Educational Details Name of the Examination i. Matriculation /HSC Examination/ Equivalent ii. +2/ Higher Secondary/ Equivalent iii. B.A./ B.Sc./ B.Com/ B.Sc. (Ag.) / B. Tech/ Equivalent iv.PG Degree/ Diploma, Specify if any v. Any other (Specify)	Board/ University	Name of the College/ Institute	Passing	Subjects	Distinction	Marks			

Designation	Name of the Organisation	Period (Period of Service				
		From (Date)	To (Date)				
SECTION D Other	Information						
8 Have vou appeare	d any Entrance Examination ? (Please	etick)					
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	r Roll No. / Registration No						
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		cohout ACDM Hair	anaih.				
	e source from which you came to know		-				
a) Newspaper—	b) Magazine —	c)	Through frier	nds ———			
d) Any other —							
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2.Occupation/ Design							
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Father							
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Place:

Signature of the Candidate (in full)

Admission Officer		Associate Dean, Ac	dmission
		Admission Permitted / I	Not Permitted
Cheque No	Date	drawn in favour of	
registration fee of (Rs	,		
for Admission into		Programme. He / She has dep	osited the
Mr/ Ms		has bee	n selected
	FOR OFFICIAL U	ISE	
Total number of documents attached	d		
10. Any other, Please Specify			
9. National Eligibility feast score c	ard (if applicable)		
8. College Leaving Certificate			
 Sports participation certificate if 	applicable		
Physically challenged certificate	, if applicable		
 Caste Certificate if applicable 		r provide date or simily	
 Evidence of Date of Birth (Only 	•		
 +2/ HSC Certificate and Mark S Graduation (B.A., B.Sc., B.Tech 		Shoot	
High School Certificate and Mark Si			
Please enclose copies of the following		e items.	



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