

Sponsored by : Odisha Socio Welfare & Educational Trust Email : kiems.bhadrak@gmail.com

## **APPLICATION FORM FOR ADMISSION**

(To be filled by the candidate in BLOCK Letters)

Form No			Receipt N	0
Course Applied for	B.Ed Regular		Date	
1. Personal Details : Name Date of Birth Gender Marital Status National Status Mother's Name Father's Name	ddmm Male Female Single Married Category: Permanent Address: At Po	УУУУУ Present Address: At Ро		Affix a passport size photograph
	Via Dist Pin State Contact No	Via Dist Pin State Contact No		
2. Applying for:	D.Ed B.Ed CP.Ed BP.Ed		iploma Other Professional C .Tech Other UG/PG Cours	
<ol> <li>Mode:</li> <li>Academic Qualificat</li> <li>University Type : Pr</li> </ol>	Part Time    Full Time    BH.Ed      ion: (attach Attested Photocopy of Note      ivate    Deemed    State		I.Tech 🔲 Other Course	
Exam. Passed	University / Board	Year of Passing	Marks Obtained / Maximum Ma	rks %Age of Marks
10th				
10+2 Graduation				

#### 6. Professional/Additional Qualification (If any):

7. Teaching Experience:

Others

8. Do you want to avail residential facility ? Yes No

#### 9. Declaration by the Applicant :

I here by declare that have read & fully understood the rules & regulation of eligibility to undergo the above programme, for which i seek admission is career counseling centre. I fulfill the minimum eligibility & have furnished above, the necessary information in the regard. In the event of any information being found incorrect. My candidature & admission is liable for termination without assigning any reason there of at any time & shall not be entitled for any refund of any fee paid by me to the institute & I hereby undertake to abide by all the rules & regulation by the institute. For any disputes, the jurisdiction shall be Bhadrak only.



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**APPLICATION FORM FOR ADMISSION** 

(To be filled by the candidate in BLOCK Letters)

1. Personal Details :         Name         Date of Birth	Form No		Receipt No
Name   Date of Birth   ddmmyyyy   Gender   Male   Female   Marital Status   Single   Matried   National Status   Category:   Mother's Name   Father's Name   Permanent Address:   Permanent Address:   Po   Via   Dist   Dist   Dist   Dist   Dist   Pin   State   Contact No.   Chell   P	Course Applied for	rB.PEd Regular	Date
Permanent Address: Present Address:   At At   Po Po   Via Dist   Dist Dist   Pin State   State State   Contact No. Contact No.     2. Applying for: D.Ed   B.Ed B.Pharma   Diploma Other Professional Course   CP.Ed BP.Ed   D. Pharma B.Tech   Other UG/PG Course   3. Mode: Part Time   Full Time BH.Ed   LLB M.Tech   Other Course	Name Date of Birth Gender Marital Status National Status	ddmmyyyy Male Female Single Married	
CP.Ed       BP.Ed       D. Pharma       B.Tech       Other UG/PG Course         3. Mode:       Part Time       Full Time       BH.Ed       LLB       M.Tech       Other Course         4. Academic Qualification: (attach Attested Photocopy of Marks Sheet)	Father's Name	At       At         Po       Po         Via       Via         Dist       Dist         Pin       Pin         State       State	
	<ol> <li>Mode:</li> <li>Academic Qual</li> </ol>	CP.Ed BP.Ed D. Pharma I Part Time Full Time BH.Ed LLB I ification: (attach Attested Photocopy of Marks Sheet)	B.Tech 🔲 Other UG/PG Course
Exam. Passed       University / Board       Year of Passing       Marks Obtained / Maximum Marks       %Age of Mark         10th       10+2       6 <td>10th10+2Graduation</td> <td>University / Board Year of Passing</td> <td>Marks Obtained / Maximum Marks %Age of Marks</td>	10th10+2Graduation	University / Board Year of Passing	Marks Obtained / Maximum Marks %Age of Marks

- 6. Professional/Additional Qualification (If any):
- 7. Teaching Experience:

Others

- 8. Do you want to avail residential facility ? Yes No
- 9. Declaration by the Applicant :

I here by declare that have read & fully understood the rules & regulation of eligibility to undergo the above programme, for which i seek admission is career counseling centre. I fulfill the minimum eligibility & have furnished above, the necessary information in the regard. In the event of any information being found incorrect. My candidature & admission is liable for termination without assigning any reason there of at any time & shall not be entitled for any refund of any fee paid by me to the institute & I hereby undertake to abide by all the rules & regulation by the institute. For any disputes, the jurisdiction shall be Bhadrak only.



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## **APPLICATION FORM FOR ADMISSION**

(To be filled by the candidate in BLOCK Letters)

Form No	Receipt No
Course Applied forD.Pharma	Date
1. Personal Details :         Name         Date of Birth        ddyyyy         Gender       Male	Affix a passport size photograph
Marital Status     Single     Married       National Status     Category:	
Father's Name         Permanent Address:         Present Address:           At         At         At           Po         Po         Via           Via         Dist         Dist           Dist         Pin         State           State         Contact No         Contact No	
CP.Ed 🛛 BP.Ed 🗖 D. Pharma 🗌	DiplomaOther Professional CourseB.TechOther UG/PG CourseM.TechOther Course
Exam. Passed   University / Board   Year of Passing	Marks Obtained / Maximum Marks %Age of Marks
10th       10+2       Graduation       Post Graduation	

- 6. Professional/Additional Qualification (If any):
- 7. Teaching Experience:

Others

- 8. Do you want to avail residential facility ? Yes No
- 9. Declaration by the Applicant :

I here by declare that have read & fully understood the rules & regulation of eligibility to undergo the above programme, for which i seek admission is career counseling centre. I fulfill the minimum eligibility & have furnished above, the necessary information in the regard. In the event of any information being found incorrect. My candidature & admission is liable for termination without assigning any reason there of at any time & shall not be entitled for any refund of any fee paid by me to the institute & I hereby undertake to abide by all the rules & regulation by the institute. For any disputes, the jurisdiction shall be Bhadrak only.



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## **APPLICATION FORM FOR ADMISSION**

(To be filled by the candidate in BLOCK Letters)

Form No		Receipt No
Course Applied for	Diploma Engg.	Date
1. Personal Details : Name Date of Birth Gender Marital Status National Status Mother's Name Father's Name	ddmmyyyy MaleFemale SingleMarried Category:	Affix a passport size photograph
2. Applying for:	Pin         Pin           State         State           Contact No         Contact           D.Ed         B.Ed         B.Fd	ct No Pharma Diploma Other Professional Course
3. Mode:	CP.Ed D. F Part Time Full Time BH.Ed LLE cion: (attach Attested Photocopy of Marks S	Pharma     B.Tech     Other UG/PG Course       3     M.Tech     Other Course
Exam. Passed 10th 10+2	University / Board Year	of Passing Marks Obtained / Maximum Marks %Age of Marks
Graduation Post Graduation		

- 6. Professional/Additional Qualification (If any):
- 7. Teaching Experience:

Others

- 8. Do you want to avail residential facility ? Yes No
- 9. Declaration by the Applicant :

I here by declare that have read & fully understood the rules & regulation of eligibility to undergo the above programme, for which i seek admission is career counseling centre. I fulfill the minimum eligibility & have furnished above, the necessary information in the regard. In the event of any information being found incorrect. My candidature & admission is liable for termination without assigning any reason there of at any time & shall not be entitled for any refund of any fee paid by me to the institute & I hereby undertake to abide by all the rules & regulation by the institute. For any disputes, the jurisdiction shall be Bhadrak only.



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### **APPLICATION FORM FOR ADMISSION**

(To be filled by the candidate in BLOCK Letters)

Form No				Receipt No.	
Course Applied for	B.Tech			Date	
1. Personal Details : Name Date of Birth Gender	ddmm Male Female	уууу	-		Affix a passport size photograph
Marital Status National Status Mother's Name	Single Married		-	l	
Father's Name	Permanent Address:           At           Po           Via           Dist           Pin           State           Contact No.	Present Address:           At           Po           Via           Dist           Pin           State           Contact No	-		
<ol> <li>Applying for:</li> <li>Mode:</li> </ol>	D.Ed B.Ec CP.Ed BP.E Part Time Full Time BH.t	d	Diploma Diplom	Other Professional Cou Other UG/PG Course Other Course	urse
	ion: (attach Attested Photocopy	of Marks Sheet)		IUIL	
Exam. Passed	University / Board	Year of Passing	Marks Obta	ined / Maximum Mark	s %Age of Marks
10th     10+2     Graduation					

#### 6. Professional/Additional Qualification (If any):

7. Teaching Experience:

Others

8. Do you want to avail residential facility ? Yes No

#### 9. Declaration by the Applicant :

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## **APPLICATION FORM FOR ADMISSION**

(To be filled by the candidate in BLOCK Letters)

Form No	Receipt No
Course Applied for+2 Science	Date
1. Personal Details : Name	
Date of Birthddmmyyyy	Affix a passport size photograph
Gender Male Female	
Marital Status Single Married	
National Status Category:	
Mother's Name	
Father's Name	
Permanent Address: Present Address:	
At At	
Po Po	
Via Via	
Dist Dist	
Pin Pin	
State State	
Contact No Contact No	
	Diploma Other Professional Course
	3.Tech Other UG/PG Course
	M.Tech 🔲 Other Course
4. Academic Qualification: (attach Attested Photocopy of Marks Sheet)	
5. University Type : Private Deemed State Central	
	Marks Obtained / Maximum Marks %Age of Marks
10th	
10+2	
Graduation Graduation	
Post Graduation	Contraction of the second s

#### 6. Professional/Additional Qualification (If any):

7. Teaching Experience:

Others

8. Do you want to avail residential facility ? Yes No

### 9. Declaration by the Applicant :

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### **APPLICATION FORM FOR ADMISSION**

(To be filled by the candidate in BLOCK Letters)

Form No			Receipt No.	
Course Applied for	MBA		Date	
1. Personal Details : Name Date of Birth Gender Marital Status National Status Mother's Name Father's Name	ddmm Male Female Single Married Category:	уууу		Affix a passport size photograph
	Permanent Address:           At           Po           Via           Dist           Pin           State           Contact No.	Present Address:           At           Po           Via           Dist           Pin           State           Contact No		
<ol> <li>Applying for:</li> <li>Mode:</li> <li>Academic Qualificat</li> </ol>	D.Ed B.Ed CP.Ed BP.Ed BP.Ed BP.Ed BP.Ed BP.Ed BP.Ed BR.Ed BR.Ed BH.Ed BH	LLB M.Tech	Other Professional Cou Other UG/PG Course Other Course	
5. University Type : Pri		Central		
Exam. Passed10th10+2Graduation	University / Board	Year of Passing Marks C	Obtained / Maximum Marks	%Age of Marks
Post Graduation				

#### 6. Professional/Additional Qualification (If any):

7. Teaching Experience:

Others

8. Do you want to avail residential facility ? Yes No

#### 9. Declaration by the Applicant :

I here by declare that have read & fully understood the rules & regulation of eligibility to undergo the above programme, for which i seek admission is career counseling centre. I fulfill the minimum eligibility & have furnished above, the necessary information in the regard. In the event of any information being found incorrect. My candidature & admission is liable for termination without assigning any reason there of at any time & shall not be entitled for any refund of any fee paid by me to the institute & I hereby undertake to abide by all the rules & regulation by the institute. For any disputes, the jurisdiction shall be Bhadrak only.



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### **APPLICATION FORM FOR ADMISSION**

(To be filled by the candidate in BLOCK Letters)

Form No			Receipt No
Course Applied for	LLB		Date
1. Personal Details : Name			
Date of Birth	ddmmy	ууу	Affix a passport size photograph
Gender	Male Female		
Marital Status	Single Married		
National Status	Category:		
Mother's Name			
Father's Name			
	Permanent Address:	Present Address:	
	At	At	
	Po	Po	
	Via	Via	
	Dist	Dist	
	Pin	Pin	
	State	State	
	Contact No	Contact No	
2. Applying for:	D.Ed B.Ed	🗌 B. Pharma 🔲 Diploma 🗌 Othei	Professional Course 📃
	CP.Ed D BP.Ed	🗋 D. Pharma 🔲 B.Tech 🔲 Othe	UG/PG Course
3. Mode:	Part Time 🔽 Full Time 🔲 BH.Ed 🗌	LLB 🔲 M.Tech 🔲 Other	Course
4. Academic Qualificat	ion: (attach Attested Photocopy of M	larks Sheet)	
5. University Type : Pr	ivate Deemed State	Central	
Exam. Passed	University / Board	Year of Passing Marks Obtained	Maximum Marks %Age of Marks
10th		710	
10+2			
Graduation			
Post Graduation		the states of the states	

#### 6. Professional/Additional Qualification (If any):

- 7. Teaching Experience:
- 8. Do you want to avail residential facility ? Yes No

#### 9. Declaration by the Applicant :

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## **APPLICATION FORM FOR ADMISSION**

(To be filled by the candidate in BLOCK Letters)

Form No		Receipt	NO
Course Applied for	GNM/B.Sc Nurshing	Date	
1. Personal Details : Name			
Date of Birth	ddmmyyyy		Affix a passport size photograph
Gender	Male Female		onzo priotographi
Marital Status	Single Married		
National Status	Category:		
Mother's Name			
Father's Name			
	Permanent Address: Present	Address:	
	At At		
	Po Po		
	Via Via		
	Dist Dist		
	Pin Pin		
	StateState		
	Contact No Contact	No	
2. Applying for:	D.Ed 🗌 B.Ed 🗌 B. Pl	narma 📃 Diploma 📃 Other Professional	Course
	CP.Ed D. Pl	narma 🔄 B.Tech 🔲 Other UG/PG Cour	rse
3. Mode:	Part Time 🗌 Full Time 🔲 BH.Ed 🔲 LLB	M.Tech 🔲 Other Course	
4. Academic Qualificati	on: (attach Attested Photocopy of Marks Sl	reet)	-
5. University Type : Priv	vate Deemed State Cent	ral 📃	
Exam. Passed	University / Board Year or	f Passing Marks Obtained / Maximum M	arks %Age of Marks
10th			
10+2			
Graduation			

### 6. Professional/Additional Qualification (If any):

7. Teaching Experience:

**Post Graduation** 

Others

8. Do you want to avail residential facility ? Yes No

### 9. Declaration by the Applicant :

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