

## **CENTRAL UNIVERSITY OF ORISSA**

## HOSTEL ADMISSION FORM

| Stuc   |                                     |      |          | nc               | atic  | on    |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
|--|-------------------------------------|------|----------|------------------|-------|-------|----------|------|--------------|-------------------------------|------------|--------------|----------------|-----------|---------------------------------------|-------------|-----------------------------|---|------|--|---|-----|----|-------------------|----------|---------------------|-------------------|--------------------------|--------|----------|--|------|---|--|
| Registration No:   |                                     |      |          |                  |       |       |          |      |              |                               |            |              | Enrolment No : |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
|  |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
| Semester:  |                                     |      |          |                  |       |       |          |      |              | Department:                   |            |              |                |           | Category:                             |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
| Name   | Name :                              |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
|  |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
|  |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   | Δf                       | fix n  | assr     | ort  | sizi | _ |  |
|  |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           | Affix passport size recent photograph |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
| Admission Date:  |                                     |      |          |                  |       |       |          |      |              |                               | _          |              |                |           | Date of Birth :                       |             |                             |   |      |  |   |     |    |                   | _        |                     |                   |                          |        |          |  |      |   |  |
|  |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       | (44-94)     |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
| (Day) (Month) (Year) (Day) (Month) (Year)                |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       | _           | _                           | _ |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
| Parental Information (Mother's)                          |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           | Parental Information (Father          |             |                             |   |      |  |   |     |    |                   | he       | <u> ≥r'</u>         | s)                |                          |        |          |  |      |   |  |
|  |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
| Name:  |                                     |      |          |                  |       |       |          |      |              |                               |            |              | ,              | Name:     |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
| Mobile No.   |                                     |      |          |                  |       |       |          |      |              | Affix passport<br>size recent |            |              |                |           | Mobile No.                            |             |                             |   |      |  |   |     |    |                   |          | Affix passport size |                   |                          |        |          |  |      |   |  |
|  |                                     |      |          |                  |       |       |          |      |              |                               | photograph |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     | recent photograph |                          |        |          |  |      |   |  |
| Occupation:  |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       | Occupation: |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
| Designation:   |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           | Designation:                          |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
| Resid  | dentia                              | I Ac | ldres    | s:               |       |       |          |      | _            |                               |            |              | -              |           |                                       |             |                             |   |      |  |   |     |    | 1                 |          |                     | _                 |                          |        | _        |  |      |   |  |
|  |                                     |      |          |                  |       |       |          |      |              | <b> </b>                      |            |              |                |           | $\bot$                                |             |                             |   | _    |  |   |     |    |                   |          |                     | $\downarrow$      | 4                        | $\bot$ | <u> </u> |  |      |   |  |
|  |                                     |      |          | -                |       |       |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   | -   |    | -                 |          |                     | _                 | lacksquare               | _      | ₩        |  |      |   |  |
|  | 1                                   |      |          | _                |       |       |          |      |              |                               |            |              |                | _         | Щ                                     |             |                             | _ | DI . |  | Ť |     |    |                   |          |                     |                   | Щ                        |        |          | Ш  |      |   |  |
| Resid  | dential Phone 1 Residential Phone 2 |      |          |                  |       |       |          |      |              |                               |            |              |                | 1         |                                       | _           |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
|  |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   | <u> </u> |                     |                   | Щ.                       |        |          |  |      |   |  |
| Specimen Signature Specimen Signature                    |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
| Specimen Signature Specimen Signature Specimen Signature |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
| Name   |                                     |      | <u> </u> | ш                | 3     | 11111 | <u> </u> | 110  | <i>A</i> 111 | <i>)</i>                      |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
| Occupation:Relationship with Student                     |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
| Mobi   |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           | one :                                 |             |                             |   |      |  |   |     |    |                   |          |                     |                   | -<br>Affix passport size |        |          |  |      |   |  |
|  |                                     |      |          |                  |       |       |          |      | 1            | 1                             | 1          | <del> </del> | Τ              |           |                                       |             |                             |   |      |  |   |     |    | recent photograph |          |                     |                   |                          |        |          |  |      |   |  |
| Resid  | dentia                              | I Ac | ldres    | S                |       |       |          |      |              |                               |            |              | <b></b>        |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
|  |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
|  |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
|  |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          | •                   |                   |                          |        |          |  |      |   |  |
| Spec   | imen                                | Sig  | natui    | re_              |       |       |          |      |              |                               |            |              |                |           |                                       | _           |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
| Rema   | ark:                                |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
|  |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
|  |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
|  |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
|  |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
|  |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
|  |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                |           |                                       |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |
| /Ci~   | O#:::-                              | of I | Joot.    | ~! C             | 2,,,, | orin  | to ~     | do:- | <u>۱</u>     |                               |            |              |                |           |                                       |             | (Signature of the Student ) |   |      |  |   |     |    |                   |          |                     |                   |                          | _      |          |  |      |   |  |
| (Sign  | ature                               | OI I | 10816    | <del>3</del> 1 S | suρ   | erin  | (eri     | Jer  | π)           |                               |            |              |                | Of        | r:                                    |             |                             |   |      |  |   | (3) | gn | all               | ле       | · OI                | un                | <u> بی</u>               | ιua    | erit     | <u>)                                    </u> |      |   |  |
|  |                                     |      |          |                  |       |       |          |      |              |                               |            |              |                | <u>UI</u> | <u>fice</u>                           |             |                             |   |      |  |   |     |    |                   |          |                     |                   |                          |        |          |  |      |   |  |

The Students has paid the fee of Rs......vide Challan No.......dated.....the University copy of the challan has been retained.

Date: Signature of Cashier I/C