

CHAKRADHARA INSTITUTE OF REHABILITATION SCIENCES
F-10, B.J.B. NAGAR, BHUBANESWAR, ORISSA

APPLICATION FOR ADMISSION INTO 1 st YEAR OF	APPLICATION NO.	REGISTRATION NO.		
		D/D No.	BANK	DATE

(ALL ENTRIES ARE IN BLOCK LETTERS ONLY)

Passport size
Recent Colour
Photograph.

- Name in full: _____
- Sex: M F
- a) Address for correspondence: _____

 b) Permanent : _____

- a) Date of birth
 (in words) _____
 b) Age :
 (completed years) _____
 c) Place of birth _____
- a) Nationality : _____
 b) Religion _____
 c) Caste/catagory (state wheather you belong to SC / ST/PH/Green Card) _____

- Mother Tongue _____
- A) Name of the Parent / Guardian (in full) _____
 b) Address : _____
 c) Occupation of the Parent : _____
 d) Annual Income: _____
 e) Relationship of the candidate to the Guardian: _____
- Name of Local Guardian (In full): _____
 Relationship : _____
 Address : _____

 Telephone _____ (Res) Mobile _____
- Extra curricular activities :
 Sports / Game / NCC / Scouting / Cultural _____

10 .Details of Educational Qualifications :
 a)

CLASS LAST STUDIED	YEAR OF STUDY	COLLEGE WHERE STUDIED	ROLL NO.	YEAR OF PASSING	% OR DIVISION

b)marks obtained in intermediate examination :

SUBJECT	MARKS OBTAINED	MAXIMUM MARKS	PERCENTAGE
PHYSICS			
CHEMISTRY			
BIOLOGY			
MATHEMATICS			
TOTAL			

11. Hostel accomodation needed ?

12. Declaration by the candidate and Parent / Guardian

The information furnished is true & correct. In case of any information is found to be incorrect, we agree to forgo any claim for admission and also for the fees already paid. We will abide by rules & regulations framed by CCET. In case of any indiscipline by the candidate, the Management has the right to take appropriate action which will be binding on us.

SIGNATURE OF THE PARENT / GUARDIAN

SIGNATURE OF THE APPLICANT

FOR OFFICE USE ONLY