

APPLICATION FOR ADMISSION (20 -)

Course:

Branch:

Category:

(Please fill all Information in Capital Letter)

Students Personals Details

First Name: Middle Name: Last Name:

Aadhaar Number:

Date of Birth:

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Mobile No:WhatsApp No:

Email Id:

Admission Category: ☐ General ☐ SC ☐ ST ☐ OBC ☐ SEBC

Gender: ☐ Male ☐ Female ☐ Not Prefer to Say

Mother Tongue: Language Known:

Nationality: Religion:

Identification Marks: [1] [2]

Any Court Proceeding's: ☐ Yes ☐ No Provide Details if any:

Paste Your Recent
Photograph Here

Parents Details

Father's Name:

Email Id:

Mobile No:

WhatsApp No:

Occupation:

Annual Income:

Mother's Name:

Email Id:

Mobile No:

WhatsApp No:

Occupation:

Annual Income:

Emergency Contact

Person Name: Relation:

Contact Number: WhatsApp Number:

Email Id:

Address:

Occupation:Other Details if any:

Current Address

Address First Line:

Address Second Line:

State: City: District:

Pin code: Phone No:

Landmark:

Permanent Address

Address First Line:

Address Second Line:

State: City: District:

Pin code: Phone No:

Landmark:

Academics Details

Exam Passed	Full Name of Institute	Place/Dist. of Institute	Board/Unive rsity	Year of Completion	Marks (%age/ CGPA)
10 th / HSC					
ITI / Diploma					
12 th / CHSE					
B.Tech/Gra duation					

10th Marks: Maths: Science: English:12th Marks: Maths: Physics: Chemistry: English:

Any Other Remarks:

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Entrance Exam	Examination	Roll Number	Application/Registration Number	Rank	Remarks
	JEE(Mains)				
	OJEE				
	Others				

Medical Details	Blood Group:	RH factor:
	Height:	Weight:
	Vision (L/E):	Vision(R/E):
	Do you have any chronic alignment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Provide Details if any:	

Other Preferences	Whether wish to stay: <input type="checkbox"/> In College Hostel <input type="checkbox"/> With Parents <input type="checkbox"/> With Relatives <input type="checkbox"/> In Mess			
	Transportation Facility: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Lunch Facility (Day-Scholar): <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Food Preferences: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Non-Vegetarian <input type="checkbox"/> Egg Only			
	Hobby: <input type="checkbox"/> Dance <input type="checkbox"/> Music <input type="checkbox"/> Singing <input type="checkbox"/> Painting <input type="checkbox"/> Games <input type="checkbox"/> Photography			
Any Other:				

DECLARATION BY THE CANDIDATE

I submit myself to the jurisdiction of the authorities of Indotech College of Engineering, Bhubaneswar, and declare that I shall abide by its rules and regulations. I hereby declare that all particulars stated by me in this application and appendices are true. In the event of my being found to have given incorrect information at any stage, Indotech College of Engineering holds the right to cancel my admission.

Date:

Place:

Full Signature of the Candidate

DECLARATION BY THE FATHER / GUARDIAN

1. I hereby declare that all the particulars given by my ward are correct to the extent of my knowledge.
2. I agree to respond to the letters and communications regarding my ward at the earliest.
3. I agree to inform the college about any change in my address and/or contact information.
4. I agree to the fact that my ward shall obey all the rules and regulations of the college. In case my ward violates any of the rules and regulations of the college, I understand that the college authorities can take disciplinary action against my ward which can include fines, suspension, and/or any other legal action including reporting to the police.

Date:

Place:

Full Signature of Father/Guardian

FOR OFFICE USE ONLY

LIST OF ORIGINAL CERTIFICATES ENCLOSED (Please tick)

- | | | | |
|---|--------------------------|---|--------------------------|
| 01. HSC/10 th Class Pass Certificate | <input type="checkbox"/> | 02. HSC/10 th Class Mark Sheet | <input type="checkbox"/> |
| 03. +2 or equivalent Certificate | <input type="checkbox"/> | 04. +2 or equivalent Mark Sheet | <input type="checkbox"/> |
| 05. CLC/TC | <input type="checkbox"/> | 06. Conduct or Character Certificate | <input type="checkbox"/> |
| 07. Migration Certificate | <input type="checkbox"/> | 08. Caste Certificate | <input type="checkbox"/> |
| 09. Residence/Nativity Certificate | <input type="checkbox"/> | 10. Green Card/Handicapped Certificate | <input type="checkbox"/> |
| 11. JEE/DET/OJEE Rank Card | <input type="checkbox"/> | 12. Any other (mention details) | <input type="checkbox"/> |

Certificates Received:

Referral Name: Contact No..... Aadhaar No:

Staff Name:

Remarks:

Admission #	Category
Branch	Roll Number

Authorized Signatory