

Office of Academic Affairs**A) Personal Information:**

1. Roll No : _____ Full Name : _____
2. Father's/Guardian Name: _____
3. Date of Birth: _____ Place of Birth: _____
(DD/MM/YYYY)
4. Gender : Male Female Transgender
5. Blood Group: _____
6. Religion : Hindu Islam Sikh Christian Parsi
Buddhist Jain Other, please specify _____
7. Category : General General -EWS OBC
_____ OBC-Non-Creamy SC ST
Kashmiri Migrant PD
8. Student's Mobile No.: _____ 7. E-mail: _____
8. Parent's Mobile No. : _____ 9. E-mail: _____
10. Aadhar No. : _____
11. Permanent Address: _____

Photo**B) Educational Qualification Details:**

Degree	Board University	Passing Year	% of Marks/ CGPA/CPI/ Score
High School			
Higher Secondary			

C) Channel of admission: IAT **D) Declaration by the applicant:**

- I, _____ Ward/o _____ hereby declare that,
- a. The information provided by me in online application form/admission form/medical form and this form is same and true to the best of my knowledge and based on records.
- b. I understand that a false information provided by me in the application form or any of the supporting documents will lead to the forfeiture of my candidature at any stage of the admission process, or thereafter.

Date : _____



भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान बरहमपुर
Indian Institute of Science Education and Research Berhampur
Established by the Ministry of Education, Govt. of India



Place : Berhampur

Applicant's Signature