

APPLICATION FORM APPLICATION NO : MG-2022-MSB-1274



Program Details		STUMBER OF					
Institute Applying For	MITS School of Biotechnology	Program	Master of Science (Biotechnology)	Course	Master of Science (Biotechnology)		
Personal Details							
Title		Miss					
Name		AAKANI	CHIKA RAY				
Email Address		aakank	hikaray@gmail.com				
Mobile Number		+91-96	92074858				
Martial Status		Single					
Blood Group		A+					
ate Of Birth		03/02/2	002				
Age as on 31st Dec	2020	18 year	18 years , 10 months , 28 days				
Gender		Female	Female				
Nationality		Indian	Indian				
Category		Genera	General				
Domicile State		Odisha	Odisha				
Mother Tongue		ODIA	ODIA				
Aadhaar Card Numb	ber	305174	305174399304				
Passport Number							
Passport Country							
Place Of Issue							
Date Of Issue							
Date Of Expiry							
Whether Physically	Handicapped	No	No				
Hostel Accommodat	tion required?	No	No				
ansport Facility r	equired?	No	No				
rom Where did you	u get to know about us?	Friends	/ Relatives				
Please specify							

Parent Details					
	Father	Mother			
Salutation	Mr.	Mrs.			
Name	Subranshu Shekhar Ray	Saraswati Ray			
Mobile Number	+91-9437299504	+91-9937275789			
Email Address	sekharsubhranshu1@gmail.com	raysaraswati1982@gmail.com			
Occupation	Private Sector	Homemaker			
Designation	P.H.D (watco)				

Address Details			
Is permanent address	ss same as address for communication?	No	
	Correspondence	Permanent	
Address Line 1	New kacharmala	AT-Chahata	
Address Line 2	Phulnakhara,cuttack	Ps-Dharmasala	
City Name	Cuttack	Dharmasala	
Dictrict Nama	Cuttack	lainur	

State Name	Odisha	Odisha
Country Name	India	India
Pincode	754001	755008

Academic Details			
After 10th Qualification	on	12th	
	10th Details	12th Details	Diploma Details
Institute Name	Vivekananda shiksha kendra	Maharshi H S School Of Natural Law	
Board / Univesity	Orissa Board Of Secondary Education	Orissa Council Of Higher Secondary Education Bhubaneswar	
Mode of Class	Regular	Regular	
Stream/Subjects	-	Science	THE RESERVE
Year of Passing	2017	2019	
Result Status	-	Declared	
Marking Scheme	Percentage	Percentage	
Percentage/CGPA	78.83	56.16	

Graduation Details			E ZE S
Graduation State	Graduation University	Graduation Institute	
Odisha	Utkal University, Odisha	Raghunathjew College	

Graduat	ion Details				
Degree	Specialization	Year of Passing	Result Status	Marking Scheme	Percentage/CGPA
B.Sc	Zoology	2022	Awaited		

Upload Details	
Upload Your Signature	Acekanikhina Raig
Upload Your 10th Marksheet	Yes
Upload Your 12th Marksheet	Yes
Upload Your Diploma Marksheet	NO
Upload Your Graduation Marksheet	NO

Applicant Name	AAKANKHIKA RAY	
Parent Name	Subranshu Shekhar Ray	
Date	01/08/2022	

UNDERTAKING

I have read the information Brochure for admission into MSB and I shall abide by the terms and condition therein and undertake the following.

- 1. I shall strictly follow the college timings and adhere to the dress code prescribed by the college.
- 2. I shall be punctual to the starting time of the college and stay in the college until the final bell is given.
- 3. I must maintain > 75% of attendance.
- 4. I understand that Ragging is strictly prohibited and shall abide by the rules of institute.
- 5. I shall not possess Mobile phones during exams in the premises of college campus. If found will be ceased with penalty.
- 6. I shall neither involve nor encourage any act of boycott/strike / quarrels etc.
- 7. I shall wear identity cards as long as they are in the college campus.
- 8. I shall cooperate to maintain cleanliness in the campus.
- 9. I shall maintain decency and decorum in the class room.
- 10. I shall pay the academic fee as per the institute norms at the beginning of each semester.

Date 1.8.2022

AAKANKHIKA RAY (Signature of Applicant)

DECLARATION BY THE PARENT/ GUARDIAN

The facts mentioned above by my ward are true and above signature is of my ward. I hereby declare that my ward will abide all the rules and regulations and also the codes of conduct of the Institute and the university. I shall be totally responsible for his/her misconduct at the Institute if admitted and I promise to compensate for damages that may have been caused by my ward during his/her tenure at the Institute. The fees payment opted by me/my ward is convenient to me and I will pay the dues whatsoever on or before the due dates.

Date 01/08/2022

Signature of Parents/Guardian

Sughardher Selhoute Ray



APPLICATION FORM APPLICATION NO : MG-2022-MSB-1843



Program Details							
Institute Applying For	MITS School of Biotechnology	Program	Master of Science (Biotechnology)	Course	Master of Science (Biotechnology)		
Personal Details							
Title		Miss					
Name		ARRYAY	'ANA MOHAPATRA				
Email Address		arryaya	namohapatra@gmail.com				
Mobile Number		+91-70	08751025				
Martial Status		Single					
lood Group		A+					
Date Of Birth		05/01/2	000				
Age as on 31st Dec	2020	20 year	20 years , 11 months , 26 days				
Gender		Female	Female				
Nationality		Indian	Indian				
Category		Genera	General				
Domicile State		Odisha	Odisha				
Mother Tongue		ODIA	ODIA				
Aadhaar Card Numb	ber	724805	724805435597				
Passport Number							
Passport Country							
Place Of Issue							
Date Of Issue							
Date Of Expiry					-/		
Whether Physically	Handicapped	No	No				
Hostel Accommodat	tion required?	No	No				
Transport Facility re	equired?	No	No				
From Where did you	u get to know about us?	Google		177-7			
Please specify							

Parent Details		
	Father	Mother
Salutation	Mr.	Mrs.
Name	Prasant Kumar Mohapatra	Pravat nalini das
Mobile Number	+91-9853458221	+91-9853609978
Email Address	prasantmohapatra2013@gmail.com	d.prabhatnalini@gmail.com
Occupation	Other Free lancer	Private Sector
Designation		Teacher

Address Details		
Is permanent addre	ss same as address for communication?	Yes
	Correspondence	Permanent
Address Line 1	Plot no 74/1225/2074 Lane 11d near SAMET	Plot no 74/1225/2074 Lane 11d near SAMET
Address Line 2	Saivihar durgamadhab nagar bharatpur	Saivihar durgamadhab nagar bharatpur
City Name	Bhubaneswar	Bhubaneswar

District Name	Khordha	Khordha
State Name	Odisha	Odisha
Country Name	India	India
Pincode	751003	751003

Academic Details				
After 10th Qualification		12th		
	10th Details	12th Details	Diploma Details	
Institute Name	Ccie public school	Maharshi college of natural law		
Board / Univesity	Council Of Indian School Certificate Examination (CISCE/ICSE)	Orissa Council Of Higher Secondary Education Bhubaneswar		
Mode of Class	Regular	Regular		
Stream/Subjects		Science		
Year of Passing	2016	2018		
Result Status	•	Declared		
Marking Scheme	Percentage	Percentage		
Percentage/CGPA	71	53.		

Graduation Details			
Graduation State	Graduation University	Graduation Institute	
Odisha	Utkal University, Odisha	Other Sukra behera degree college	

Graduation Details					
Degree	Specialization	Year of Passing	Result Status	Marking Scheme	Percentage/CGPA
B.Sc	Zoology	2022	Declared	CGPA out of 10	8.64

Upload Details	
Upload Your Signature	Augustena Kohapatha
Upload Your 10th Marksheet	Yes
Upload Your 12th Marksheet	Yes
Upload Your Diploma Marksheet	NO
Upload Your Graduation Marksheet	Yes

Applicant Name	ARRYAYANA MOHAPATRA		
Parent Name	Prasant Kumar Mohapatra		
Date	21/10/2022		

ANNEXURE

UNDERTAKING

I have read the information Brochure for admission into MSB and I shall abide by the terms and condition therein and undertake the following.

- 1. I shall strictly follow the college timings and adhere to the dress code prescribed by the college.
- 2. I shall be punctual to the starting time of the college and stay in the college until the final bell is given.
- 3. I must maintain > 75% of attendance.
- 4. I understand that Ragging is strictly prohibited and shall abide by the rules of institute.
- 5. I shall not possess Mobile phones during exams in the premises of college campus. If found will be ceased with penalty.
- 6. I shall neither involve nor encourage any act of boycott/strike / quarrels etc.
- 7. I shall wear identity cards as long as they are in the college campus.
- 8. I shall cooperate to maintain cleanliness in the campus.
- 9. I shall maintain decency and decorum in the class room.
- 10. I shall pay the academic fee as per the institute norms at the beginning of each semester.

Date 27.10.2022

(Signature of Applicant)

DECLARATION BY THE PARENT/ GUARDIAN

The facts mentioned above by my ward are true and above signature is of my ward. I hereby declare that my ward will abide all the rules and regulations and also the codes of conduct of the Institute and the university. I shall be totally responsible for his/her misconduct at the Institute if admitted and I promise to compensate for damages that may have been caused by my ward during his/her tenure at the Institute. The fees payment opted by me/my ward is convenient to me and I will pay the dues whatsoever on or before the due dates.

Date. 4.10.2092

Anguela fis Molafake. Signature of Parents/Guardian



Please specify

APPLICATION FORM APPLICATION NO: MG-2021-MSB-1584



20

Program Details						
Institute Applying For	MITS SCHOOL OF BIOTECHNO	DLOGY	Program	UG (3 YEARS)	Course	BACHELOR OF SCIENCE (BIOTECHNOLOGY)
Personal Details		Neg				
Title		MISS	5			
Name		BAN	YA PRADHA	N		
Email Address		PRA	DHANBANYA	1@GMAIL.COM		
Mobile Number		+91	-916379889	0		
Martial Status		SINC	GLE			
Blood Group		B+				
Date Of Birth		20/0	1/2001			
Age as on 31st Dec	2020	19 Y	EARS, 11 M	ONTHS , 11 DAY	r'S	
Gender		FEM	ALE			
Nationality		INDI	AN			
Category		ОВС				
Domicile State		ODIS	SHA			
Mother Tongue		ODIA	4			
Aadhaar Card Numb	er	282	531659820			
Passport Number						
Passport Country						
Place Of Issue						
Date Of Issue						
Date Of Expiry	44					
Whether Physically	Handicapped	NO				
Hostel Accommodat	ion required?	YES				
Transport Facility re	equired?	NO				
From Where did you	get to know about us?	ОТН	ER (FROM A	FRIEND)		
		_				

Parent Details		
	Father	Mother
Salutation	MR.	MRS.
Name	PRAKASH PRADHAN	JYOTI PRADHAN
Mobile Number	+91-9831515825	+91-9831870064
Email Address	BARSHA.PRADHAN1997@GMAIL.COM	BARSHABANYA.PRADHAN@GMAIL.COM
Occupation	PRIVATE SECTOR	HOMEMAKER
Designation	SUPERVISOR	

Address Details		
Is permanent addre	ss same as address for communication?	YES
	Correspondence	Permanent
Address Line 1	AT MADAN MOHAN PATANA, POST- PEAGARPARA, PS- RAJKANIKA, VIA- OLAVER	AT MADAN MOHAN PATANA, POST- PEAGARPARA, PS- RAJKANIKA, VIA- OLAVER
Address Line 2	X	
City Name	KENDRAPARA	KENDRAPARA

District Name	KENDRAPARA	KENDRAPARA	P
State Name	ODISHA	ODISHA	
Country Name	INDIA	INDIA	
Pincode	754220	754220	

Academic Details				
After 10th Qualification		12TH		
	10th Details	12th Details	Diploma Details	
Institute Name	NATIONAL HIGH SCHOOL	NATIONAL HIGH SCHOOL		
Board / Univesity	WEST BENGAL BOARD OF SECONDARY EDUCATION	CENTRAL BOARD OF SECONDARY EDUCATION (CBSE)		
Mode of Class	REGULAR	REGULAR		
Stream/Subjects	The second of th	SCIENCE		
Year of Passing	2017	2019		
Result Status		DECLARED		
Marking Scheme	PERCENTAGE	PERCENTAGE		
Percentage/CGPA	80.1	81		

Graduation Details			
Graduation State	Graduation University	Graduation Institute	

Graduation Details						
Degree	Specialization	Year of Passing	Result Status	Marking Scheme	Percentage/CGPA	

Upload Details		
Upload Your Signature	Banya Pseadhan	
Upload Your 10th Marksheet	YES	
Upload Your 12th Marksheet	YES	
Upload Your Diploma Marksheet	NO	
Upload Your Graduation Marksheet	NO	

Applicant Name	BANYA PRADHAN
Parent Name	PRAKASH PRADHAN
Date	25/09/2021

ANNEXURE

UNDERTAKING

I have read the information Brochure for admission into MSB and I shall abide by the terms and condition therein and undertake the following.

- 1. I shall strictly follow the college timings and adhere to the dress code prescribed by the college.
- 2. I shall be punctual to the starting time of the college and stay in the college until the final bell is given.
- 3. I must maintain > 75% of attendance.
- 4. I understand that Ragging is strictly prohibited and shall abide by the rules of institute.
- 5. I shall not possess Mobile phones during exams in the premises of college campus. If found will be ceased with penalty.
- 6. I shall neither involve nor encourage any act of boycott/strike / quarrels etc.
- 7. I shall wear identity cards as long as they are in the college campus.
- 8. I shall cooperate to maintain cleanliness in the campus.
- 9. I shall maintain decency and decorum in the class room.
- 10. I shall pay the academic fee as per the institute norms at the beginning of each semester.

Date 25/9/21

Barrya Rradhem
(Signature of Applicant)

DECLARATION BY THE PARENT/ GUARDIAN

The facts mentioned above by my ward are true and above signature is of my ward. I hereby declare that my ward will abide all the rules and regulations and also the codes of conduct of the Institute and the university. I shall be totally responsible for his/her misconduct at the Institute if admitted and I promise to compensate for damages that may have been caused by my ward during his/her tenure at the Institute. The fees payment opted by me/my ward is convenient to me and I will pay the dues whatsoever on or before the due dates.

Date. 25/9/21

frakosh fradhen Signature of Parents/Guardian



APPLICATION FORM APPLICATION NO: MG-2021-MSB-1054



2

Program Details		rest like Mil				
Institute Applying For	MITS SCHOOL OF BIOTECHNOLOG	Y Program	UG (3 YEARS)	Course	BACHELOR OF SCIENCE (BIOTECHNOLOGY)	
Personal Details						
Title	М	R.				
Name		BHISHEK TRIP	ATHY			
Email Address	т	RIPATHYABHIS	HEK440@GMAIL.	СОМ		
Mobile Number	+	91-824938885	7			
Martial Status	S	NGLE				
Blood Group	A	+				
Date Of Birth	1	1/11/2001				
Age as on 31st Dec 20	020	YEARS, 1 MC	NTH , 20 DAYS			
Gender	M	MALE				
Nationality Category		INDIAN				
		GENERAL				
Domicile State		ODISHA				
Mother Tongue	0	ODIA 855967760891				
Aadhaar Card Numbe	r 8					
Passport Number						
Passport Country						
Place Of Issue						
Date Of Issue						
Date Of Expiry						
Whether Physically H	andicapped N	NO				
Hostel Accommodatio	on required?	YES				
Transport Facility req	uired?	YES				
From Where did you g	get to know about us?	FRIENDS / RELATIVES				
Please specify						

Parent Details				
	Father	Mother		
Salutation	MR.	MRS.		
Name	UPENDRA KUMAR TRIPATHY	SAMITA KUMARI RATH		
Mobile Number	+91-9861889106	+91-7847073857		
Email Address	TRIPATHYUPENDRA2017@GMAIL.COM	TRIPATHYABHIPSA2000@GMAIL.COM		
Occupation	RETIRED	HOMEMAKER		
Designation		4 15 A 19 20 A		

Address Details				
Is permanent addre	ss same as address for communication?	NO		
	Correspondence	Permanent		
Address Line 1	CHAITANYA BIHAR 2ND LANE,LOCHAPADA, BERHAMPUR	BANI BIHAR 3RD LANE		
Address Line 2	BERHAMPUR, GANJAM, ODISHA			

City Name	BRAHMAPUR	ASIKA
District Name	GANJAM	GANJAM
State Name	ODISHA	ODISHA
Country Name	INDIA	INDIA
Pincode	760001	761110

Academic Details						
After 10th Qualification	on	12TH				
	10th Details	12th Details	Diploma Details			
Institute Name	SARASWATI SHISHU VIDYA MANDIR,NILAKANTHA NAGAR, BERHAMPUR	KHALIKOTE JUNIOR COLLEGE, BERHAMPUR				
Board / Univesity	ORISSA BOARD OF SECONDARY EDUCATION	ORISSA COUNCIL OF HIGHER SECONDARY EDUCATION BHUBANESWAR				
Mode of Class	REGULAR	REGULAR				
Stream/Subjects	-	SCIENCE				
Year of Passing	2017	2019				
Result Status		DECLARED				
Marking Scheme	PERCENTAGE	PERCENTAGE				
Percentage/CGPA	89	62.33				

Graduation Details			
Graduation State	Graduation University	Graduation Institute	

Graduation Details						
Degree	Specialization	Year of Passing	Result Status	Marking Scheme	Percentage/CGPA	

Upload Details			
Upload Your Signature	. Abhished Outpathy		
Upload Your 10th Marksheet	YES		
Upload Your 12th Marksheet	YES		
Upload Your Diploma Marksheet	NO		
Upload Your Graduation Marksheet	NO		

Applicant Name	ABHISHEK TRIPATHY	
Parent Name	UPENDRA KUMAR TRIPATHY	
Date	05/06/2021	

ANNEXURE

UNDERTAKING

I have read the information Brochure for admission into MSB and I shall abide by the terms and condition therein and undertake the following.

- 1. I shall strictly follow the college timings and adhere to the dress code prescribed by the college.
- 2. I shall be punctual to the starting time of the college and stay in the college until the final bell is given.
- 3. I must maintain > 75% of attendance.
- 4. I understand that Ragging is strictly prohibited and shall abide by the rules of institute.
- 5. I shall not possess Mobile phones during exams in the premises of college campus. If found will be ceased with penalty.
- 6. I shall neither involve nor encourage any act of boycott/strike / quarrels etc.
- 7. I shall wear identity cards as long as they are in the college campus.
- 8. I shall cooperate to maintain cleanliness in the campus.
- 9. I shall maintain decency and decorum in the class room.
- 10. I shall pay the academic fee as per the institute norms at the beginning of each semester.

Abhishek Pripathy (Signature of Applicant)

DECLARATION BY THE PARENT/ GUARDIAN

The facts mentioned above by my ward are true and above signature is of my ward. I hereby declare that my ward will abide all the rules and regulations and also the codes of conduct of the Institute and the university. I shall be totally responsible for his/her misconduct at the Institute if admitted and I promise to compensate for damages that may have been caused by my ward during his/her tenure at the Institute. The fees payment opted by me/my ward is convenient to me and I will pay the dues whatsoever on or before the due dates.

Opendera ku: Tripathy
Signature of Parents/Guardian



APPLICATION FORM APPLICATION NO : MG-2020-MSB-456



Program Details						
Institute Applying For	MITS SCHOOL OF BIOTECHNOL	.OGY	Program	UG (3 YEARS)	Course	BACHELOR OF COMPUTER APPLICATION (BCA)
Personal Details		8			Farety.	
Title		MR.				
Name		SAMBI	T KUMAR PAI	RIDA		
Email Address		SONUS	SAMBIT4@GN	MAIL.COM		
Mobile Number	4	+91-9	861029899			
Martial Status		SINGL	E			
Blood Group		0+				
Date Of Birth		27/07/	2002	1-		
Age as on 31st Dec 2	020	18 YEA	ARS , 5 MONT	HS , 4 DAYS		
Gender		MALE				
Nationality	``	INDIAN	V			i
Category		GENER	RAL			
Domicile State		ODISH	IA			
Mother Tongue		ODIA				
Aadhaar Card Numbe	er	66521	6369326			
Passport Number						
Passport Country	.,					Tr.
Place Of Issue						
Date Of Issue						
Date Of Expiry						
Whether Physically H	landicapped	NO				
Hostel Accommodation	on required?	NO				
Transport Facility red	quired?	NO				
From Where did you	get to know about us?	GOOG	LE			
Please specify						

Parent Details						
	Father	Mother				
Salutation	MR.	MRS.				
Name	NIMAIN CHARAN PARIDA	KHULANA PARIDA				
Mobile Number	+91-9178195274	+91-6370745309				
Email Address	NIMAINPARIDA500@GMAIL.COM	IMONALISHA97@GMAIL.COM				
Occupation	BUSINESS	HOMEMAKER				
Designation	BUSINESS					

Address Details				
Is permanent address same as address for communication?				
	Correspondence	Permanent		
Address Line 1	BAGHEIPUR	BAGHEIPUR		
Address Line 2	BALIKUDA	BALIKUDA		
City Name	JAGATSINGHPUR	JAGATSINGHPUR		

District Name JAGATSINGHAPUR		JAGATSINGHAPUR	
State Name	ODISHA	ODISHA	
Country Name	INDIA	INDIA	
Pincode	754119	754119	

Academic Details				
After 10th Qualification		12TH		
	10th Details	12th Details	Diploma Details	
Institute Name	MARICHPUR NODAL HIGH SCHOOL, BARAMUNDALI	NAVAJYOTI JUNIOR SCIENCE COLLEGE, BHUBANESWAR		
Board / Univesity	ORISSA BOARD OF SECONDARY EDUCATION	ORISSA COUNCIL OF HIGHER SECONDARY EDUCATION BHUBANESWAR		
Mode of Class	REGULAR	REGULAR		
Stream/Subjects	•	SCIENCE		
Year of Passing	2018	2020		
Result Status		DECLARED		
Marking Scheme	PERCENTAGE	PERCENTAGE		
Percentage/CGPA	58	53	- 1.3	

Graduation Details			
Graduation State	Graduation University	Graduation Institute	

Graduatio	n Details				
Degree	Specialization	Year of Passing	Result Status	Marking Scheme	Percentage/CGPA

Upload Details	
Upload Your Signature	Ku. Parežela
	Sampit
Upload Your 10th Marksheet	YES
Upload Your 12th Marksheet	YES
Upload Your Diploma Marksheet	NO
Upload Your Graduation Marksheet	NO

UNDERTAKING

I have read the information Brochure for admission into MSB and I shall abide by the terms and condition therein and undertake the following.

- 1. I shall strictly follow the college timings and adhere to the dress code prescribed by the college.
- 2. I shall be punctual to the starting time of the college and stay in the college until the final bell is given.
- 3. I must maintain > 75% of attendance.
- 4. I understand that Ragging is strictly prohibited and shall abide by the rules of institute.
- 5. I shall not possess Mobile phones during exams in the premises of college campus. If found will be ceased with penalty.
- 6. I shall neither involve nor encourage any act of boycott/strike / quarrels etc.
- 7. I shall wear identity cards as long as they are in the college campus.
- 8. I shall cooperate to maintain cleanliness in the campus.
- 9. I shall maintain decency and decorum in the class room.
- 10. I shall pay the academic fee as per the institute norms at the beginning of each semester.

Date 26/9/2020.

Sambit kh. Pazika (Signature of Applicant)

DECLARATION BY THE PARENT/ GUARDIAN

The facts mentioned above by my ward are true and above signature is of my ward. I hereby declare that my ward will abide all the rules and regulations and also the codes of conduct of the Institute and the university. I shall be totally responsible for his/her misconduct at the Institute if admitted and I promise to compensate for damages that may have been caused by my ward during his/her tenure at the Institute. The fees payment opted by me/my ward is convenient to me and I will pay the dues whatsoever on or before the due dates.

Date 20/09/2020 .

Signature of Parents/Guardian



APPLICATION FORM APPLICATION NO : MG-2020-MSB-316



Program Details						
Institute Applying For	MITS SCHOOL OF BIOTECHNO	LOGY	Program	UG (3 YEARS)	Course	BACHELOR OF COMPUTER APPLICATION (BCA)
Personal Details						
Title		MISS				
Name		AISHW	ARYA DAS			
Email Address		AISHW	/ARYADAS31	19@GMAIL.COM		
Mobile Number		+91-9	668117935			
Martial Status	TI.	SINGL	E			
Blood Group		A+				
Date Of Birth		27/05/	/2002			erf ur
Age as on 31st Dec 2	2020	18 YE	ARS , 7 MONT	THS , 4 DAYS		
Gender		FEMAL	LE			
Nationality	`	INDIA	N			`
Category		GENE	RAL			
Domicile State		ODISH	łA			
Mother Tongue		ODIA				
Aadhaar Card Numbe	er	48254	0181686			
Passport Number			Village of the second			
Passport Country	Tr.					† 1
Place Of Issue						
Date Of Issue						
Date Of Expiry						
Whether Physically I	Handicapped	NO				
Hostel Accommodati	on required?	NO				
Transport Facility re	quired?	YES				
From Where did you	get to know about us?	OTHE	R (MY FRIEND	SIBANANDA MO	OHAPATRA	REFERRED ME.)
Please specify						

Parent Details					
	Father	Mother			
Salutation	MR.	MRS.			
Name	RABINDRA DAS	PINKY DAS			
Mobile Number	+91-9178499846	+91-8480941110			
Email Address	AISHWARYADAS3119@GMAIL.COM	AISHWARYADAS3119@GMAIL.COM			
Occupation	BUSINESS	HOMEMAKER			
Designation	BUSINESS				

Address Details						
Is permanent address same as address for communication? YES						
	Correspondence	Permanent				
Address Line 1	UNIT 2 ASHOK NAGAR	UNIT 2 ASHOK NAGAR				
Address Line 2	UNIT 2 ASHOK NAGAR	UNIT 2 ASHOK NAGAR				
City Name	BHUBANESWAR	BHUBANESWAR				

District Name KHORDHA		KHORDHA	
State Name	ODISHA	ODISHA	
Country Name	INDIA	INDIA	
Pincode	751009	751009	

Academic Details				
After 10th Qualification		12TH		
	10th Details	12th Details	Diploma Details	
Institute Name	SARASWATI SHISHU VIDYA MANDIR UNIT 3	RAMADEVI WOMEN'S UNIVERSITY		
Board / Univesity	ORISSA BOARD OF SECONDARY EDUCATION	ORISSA COUNCIL OF HIGHER SECONDARY EDUCATION BHUBANESWAR	with the	
Mode of Class	REGULAR	REGULAR		
Stream/Subjects		SCIENCE		
Year of Passing	2017	2019		
Result Status	•	DECLARED		
Marking Scheme	PERCENTAGE	PERCENTAGE		
Percentage/CGPA	85	58		

Graduation Details				
Graduation State	Graduation University	Graduation Institute		

Graduatio	n Details				
Degree	Specialization	Year of Passing	Result Status	Marking Scheme	Percentage/CGPA

Upload Details	
Upload Your Signature	Alirwanya Das
Upload Your 10th Marksheet	YES
Upload Your 12th Marksheet	YES
Upload Your Diploma Marksheet	NO
Upload Your Graduation Marksheet	NO

Applicant Name	AISHWARYA DAS	
Parent Name	RABINDRA DAS	
Date	21/09/2020	

ANNEXURE

UNDERTAKING

I have read the information Brochure for admission into MSB and I shall abide by the terms and condition therein and undertake the following.

- 1. I shall strictly follow the college timings and adhere to the dress code prescribed by the college.
- 2. I shall be punctual to the starting time of the college and stay in the college until the final bell is given.
- 3. I must maintain > 75% of attendance.
- 4. I understand that Ragging is strictly prohibited and shall abide by the rules of institute.
- 5. I shall not possess Mobile phones during exams in the premises of college campus. If found will be ceased with penalty.
- 6. I shall neither involve nor encourage any act of boycott/strike / quarrels etc.
- 7. I shall wear identity cards as long as they are in the college campus.
- 8. I shall cooperate to maintain cleanliness in the campus.
- 9. I shall maintain decency and decorum in the class room.
- 10. I shall pay the academic fee as per the institute norms at the beginning of each semester.

Date 21/09/2020

Aishwaya Das. (Signature of Applicant)

DECLARATION BY THE PARENT/ GUARDIAN

The facts mentioned above by my ward are true and above signature is of my ward. I hereby declare that my ward will abide all the rules and regulations and also the codes of conduct of the Institute and the university. I shall be totally responsible for his/her misconduct at the Institute if admitted and I promise to compensate for damages that may have been caused by my ward during his/her tenure at the Institute. The fees payment opted by me/my ward is convenient to me and I will pay the dues whatsoever on or before the due dates.

Date 21.09.20

Signature of Parents/Guardian



Hostel Accommodation required?

-rom Where did you get to know about us?

ansport Facility required?

Please specify

APPLICATION FORM APPLICATION NO : MG-2020-MSB-528



Program Details						
Institute Applying For	MITS SCHOOL OF BIOTECHNOLOG	GY Program	PG (2 YEARS)	Course	MASTER OF SCIENCE (BIOTECHNOLOGY)	
Personal Details						
Title	1	IISS				
Name	A	AISHMA MEHE	R			
Email Address	A	AISHMAMEHER	.NIKI@GMAIL.CO	M		
Mobile Number		-91-891767278	5			
Martial Status	5	INGLE		*		
Blood Group	E	+				
te Of Birth	1	18/07/1998				
Age as on 31st Dec 2	2020 2	22 YEARS , 5 MONTHS , 13 DAYS				
Gender	F	FEMALE				
Nationality		INDIAN				
Category		OBC				
Domicile State		ODISHA				
Mother Tongue		ODIA				
Aadhaar Card Numb	er (621733099510				
Passport Number						
Passport Country						
Place Of Issue						
Date Of Issue						
Date Of Expiry						
Whether Physically	Handicapped 1	NO				

Parent Details				
	Father	Mother		
Salutation	MR.	MRS.		
Name	KAILASH CHANDRA MEHER	NAMITA MEHER		
Mobile Number	+91-7008082186	+91-9668663888		
Email Address	AARMANMEHER.JNG@GMAIL.COM	NAMITAMEHERJNG@GMAIL.COM		
Occupation	GOVERNMENT SECTOR	HOMEMAKER		
Designation	LECTURER			

YES

NO

GOOGLE

Address Details					
Is permanent addre	YES				
	Correspondence	Permanent			
Address Line 1	SHREE DURGA NAGAR	SHREE DURGA NAGAR			
Address Line 2	NEAR PANCHANAN HOTEL	NEAR PANCHANAN HOTEL			
City Name	JUNAGARH	JUNAGARH			
District Name	KALAHANDI	KALAHANDI			

Country Name INDIA		INDIA
Pincode	766014	766014

Academic Details				
After 10th Qualification		12TH		
	10th Details	12th Details	Diploma Details	
Institute Name	YOUNG BLOOD PUBLIC SCHOOL, KESINGA, ODISHA	SRI CHAITANYA TECHNO SCHOOL, VISAKHAPATNAM		
Board / Univesity	CENTRAL BOARD OF SECONDARY EDUCATION (CBSE)	CENTRAL BOARD OF SECONDARY EDUCATION (CBSE)		
Mode of Class	REGULAR	REGULAR		
Stream/Subjects		SCIENCE		
Year of Passing	2014	2016		
Result Status	-	DECLARED		
Marking Scheme	CGPA OUT OF 10	PERCENTAGE		
Percentage/CGPA	8.6	57	(A)	

Graduation Details				
Graduation State	Graduation University	Graduation Institute	-	
ODISHA	SAMBALPUR UNIVERSITY, ODISHA	OTHER (PRAGATI DEGREE COLLEGE, BHAWANIPATNA)		

Graduation Details					
Degree	Specialization	Year of Passing	Result Status	Marking Scheme	Percentage/CGPA
B.SC	ZOOLOGY HONS	2020	DECLARED	CGPA OUT OF 10	7.5

Upload Details	
Upload Your Signature	Arithma Mahare
Upload Your 10th Marksheet	YES
Upload Your 12th Marksheet	YES
Upload Your Diploma Marksheet	NO
Upload Your Graduation Marksheet	YES

Applicant Name	AAISHMA MEHER	
Parent Name	KAILASH CHANDRA MEHER	
Date	02/11/2020	

UNDERTAKING

I have read the information Brochure for admission into MSB and I shall abide by the terms and condition therein and undertake the following.

- 1. I shall strictly follow the college timings and adhere to the dress code prescribed by the college.
- 2. I shall be punctual to the starting time of the college and stay in the college until the final bell is given.
- 3. I must maintain > 75% of attendance.
- 4. I understand that Ragging is strictly prohibited and shall abide by the rules of institute.
- 5. I shall not possess Mobile phones during exams in the premises of college campus. If found will be ceased with penalty.
- 6. I shall neither involve nor encourage any act of boycott/strike / quarrels etc.
- 7. I shall wear identity cards as long as they are in the college campus.
- 8. I shall cooperate to maintain cleanliness in the campus.
- 9. I shall maintain decency and decorum in the class room.
- 10. I shall pay the academic fee as per the institute norms at the beginning of each semester.

Date 2-11-2020

Aais/ma Meder (Signature of Applicant)

DECLARATION BY THE PARENT/ GUARDIAN

The facts mentioned above by my ward are true and above signature is of my ward. I hereby declare that my ward will abide all the rules and regulations and also the codes of conduct of the Institute and the university. I shall be totally responsible for his/her misconduct at the Institute if admitted and I promise to compensate for damages that may have been caused by my ward during his/her tenure at the Institute. The fees payment opted by me/my ward is convenient to me and I will pay the dues whatsoever on or before the due dates.

Date 02-01-2020 .

Signature of Parents/Guardian



APPLICATION FORM APPLICATION NO: MG-2020-MSB-119



Program Details		175			4886	
Institute Applying For	MITS SCHOOL OF BIOTECHNOLO	OGY	Program	PG (2 YEARS)	Course	MASTER OF SCIENCE (BIOTECHNOLOGY)
Personal Details						
Title		MISS		THE THE PARTY OF T		
Name		DEBIC	DUTTA SUHA	ASINI MISHRA		
Email Address		SUHA	SINI9171@0	GMAIL.COM		
Mobile Number		+91-7	7749996200			
Martial Status		SINGL	E			- 12
Blood Group		0+				
Date Of Birth		27/01	/2000			
Age as on 31st Dec 2	2020	20 YE	ARS , 11 MC	ONTHS , 4 DAYS		
Gender		FEMA	LE			
Nationality		INDIA	.N			
Category	, ·	GENE	RAL			,
Domicile State		ODISH	НА			
Mother Tongue		ODIA				
Aadhaar Card Numb	er	74890	07280372			
Passport Number						
Passport Country						
Place Of Issue		.*				
Date Of Issue						
Date Of Expiry						
Whether Physically I	Handicapped	NO				
Hostel Accommodat	ion required?	YES				
Transport Facility re	equired?	YES				<u> </u>
From Where did you	get to know about us?	G000	GLE			
Please specify						

Parent Details		
	Father	Mother
Salutation	MR.	MRS.
Name	BINAYA BIHARI MISHRA	PRAVASINI MISHRA
Mobile Number	+91-9178424123	+91-8658161550
Email Address	BINAYA7191@GMAIL.COM	PRAVASINIMISHRA9171@GMAIL.COM
Occupation	BUSINESS	HOMEMAKER
Designation	INSURANCE ADVISOR	

Address Details		
Is permanent addre	ss same as address for communication?	YES
	Correspondence	Permanent
Address Line 1	ADHEIGUNDI, ADHEIGUNDI, CUTTACK	ADHEIGUNDI, ADHEIGUNDI, CUTTACK
Address Line 2	ADHEIGUNDI, ADHEIGUNDI, CUTTACK	ADHEIGUNDI, ADHEIGUNDI, CUTTACK
City Name	CUTTACK	CUTTACK
District Name	CUTTACK	CUTTACK

State Name	ODISHA	ODISHA
Country Name	INDIA	INDIA
Pincode	754037	754037

Academic Details			
After 10th Qualification	on	12TH	
	10th Details	12th Details	Diploma Details
Institute Name	B B HIGH SCHOOL, DHENKANAL	E-TECH RESIDENTIAL COLLEGE, DHENKANAL	
Board / Univesity	ORISSA BOARD OF SECONDARY EDUCATION	ORISSA COUNCIL OF HIGHER SECONDARY EDUCATION BHUBANESWAR	
Mode of Class	REGULAR	REGULAR	
Stream/Subjects		SCIENCE	
Year of Passing	2015	2017	
Result Status	- I	DECLARED	
Marking Scheme	PERCENTAGE	PERCENTAGE	
Percentage/CGPA	88.5	71	

Graduation Detail :		
Graduation State	Graduation University	Graduation Institute
ODISHA	ORISSA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY, ODISHA	COLLEGE OF BASIC SCIENCE AND HUMANITIES, BHUBANESWAR

Graduat	ion Details				
Degree	Specialization	Year of Passing	Result Status	Marking Scheme	Percentage/CGPA
B.SC	BIOTECHNOLOGY	2020	AWAITED		

Upload Details	
Upload Your Signature	Actions a libraries talken
Upload Your 10th Marksheet	YES
Upload Your 12th Marksheet	YES
Upload Your Diploma Marksheet	NO
Upload Your Graduation Marksheet	NO

Applicant Name	DEBIDUTTA SUHASINI MISHRA
Parent Name	BINAYA BIHARI MISHRA
Date	24/08/2020

ANNEXURE

UNDERTAKING

I have read the information Brochure for admission into MSB and I shall abide by the terms and condition therein and undertake the following.

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- 9. I shall maintain decency and decorum in the class room.
- 10. I shall pay the academic fee as per the institute norms at the beginning of each semester.

Date 24-8-2023

Debidutta Suhani Mishra . (Signature of Applicant)

DECLARATION BY THE PARENT/ GUARDIAN

The facts mentioned above by my ward are true and above signature is of my ward. I hereby declare that my ward will abide all the rules and regulations and also the codes of conduct of the Institute and the university. I shall be totally responsible for his/her misconduct at the Institute if admitted and I promise to compensate for damages that may have been caused by my ward during his/her tenure at the Institute. The fees payment opted by me/my ward is convenient to me and I will pay the dues whatsoever on or before the due dates.

Signature of Parents/Guardian

Paid 5000/. Mode cash Date 29-06.18	Mr. No. 26858
Application for	THE PERSON NAMED IN COLUMN 2 I
MITS SCHOOL OF BIOTE 2(P) Infocity, Patia, Bhubaneswar	ECHNOLOGY -24, Odisha
Please put(☑) mark for your choice course.	
M.Sc. Biotechnology □ Applied Microbiology	Affix your passport size photo
BCA(Bachelor in Computer Application)	photo
	(Signature of the Candidate
2. Applications not completed in all respects would be rejected. 3. Application of the submission does not guarantee admission automatically. (TO BE FILLED IN BY THE APPLICAN Name of the applicant (in block letters, as per 10th standard	IT)
2. Applications not completed in all respects would be rejected. 3. Application of the submission does not guarantee admission automatically. (TO BE FILLED IN BY THE APPLICAN	IT)
Applications not completed in all respects would be rejected. Application of the submission does not guarantee admission automatically. (TO BE FILLED IN BY THE APPLICAN Name of the applicant (in block letters, as per 10th standard LICKY PRIYADARSHINI	IT)
Applications not completed in all respects would be rejected. Application of the submission does not guarantee admission automatically. (TO BE FILLED IN BY THE APPLICAN Name of the applicant (in block letters, as per 10th standard LICKYPRIYADARSHINI Name of the father	IT)
Applications not completed in all respects would be rejected. Application of the submission does not guarantee admission automatically. (TO BE FILLED IN BY THE APPLICAN Name of the applicant (in block letters, as per 10th standard LICKYPRIYADARSHINI Name of the father	IT)
Applications not completed in all respects would be rejected. Application of the submission does not guarantee admission automatically. (TO BE FILLED IN BY THE APPLICAN Name of the applicant (in block letters, as per 10th standard LICKYPRIYADARSHINI Name of the father PRAMODKUMARPANDA	IT)
Applications not completed in all respects would be rejected. Application of the submission does not guarantee admission automatically. (TO BE FILLED IN BY THE APPLICAN Name of the applicant (in block letters, as per 10th standard LICKYPRIYADARSHINI Name of the father PRAMODKUMARPANDA	IT)
Applications not completed in all respects would be rejected. Application of the submission does not guarantee admission automatically. (TO BE FILLED IN BY THE APPLICAN Name of the applicant (in block letters, as per 10th standard LICKYPRIYADARSHINI Name of the father PRAMODKUMARPANDA	IT)
2. Applications not completed in all respects would be rejected. 3. Application of the submission does not guarantee admission automatically. (TO BE FILLED IN BY THE APPLICAN 1. Name of the applicant (in block letters, as per 10th standard 1. I C K Y P R I Y A D A R S H I M I 2. Name of the father 2. Name of the Guardian (in case father is not alive)	IT)
Name of the applicant (in block letters, as per 10th standard LICKY PRIYADARSHINI Name of the father	IT)

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I do here by declare that all the particulars stated by me in application are true to the best of my knowledge and belief. I have read the information Brochure for admission in to MSB and I shall abide by the terms and condition therein. It is entirely my responsible to prove my eligibility for admission to the programme for which I am admitted and also, in respects of qualification, nationality etc, made in my application form, I understand that my admission, if granted or degree acquired subsequently, is liable for cancellation. I also understand that the decision of MSB regarding my admission will be final and I shall abide by the ordinances and regulation of MSB from time to time. It is my responsibility to abide the rules and regulations framed by the concerned university.

The Institute will not be responsible if my admission will be refused by the University/ State or Central authorities, I would also be liable to any loss that may be caused due to rejection of my admission on any ground. I am fully aware of the rules that the fees once paid will neither be refunded nor adjusted under any circumstances whatsoever.

MODE FOR PAYMENT OF FEES

The fees paid are non refundable, and must be paid in shape of Demand	Draft,	In favour	of
"MITS SCHOOL OF BIOTECHNOLOGY" and payable at Bhubaneswar.	*		

Place
153
Date

Signature of the Applicant

DECLARATION BY THE PARENT/ GUARDIAN

The facts mentioned above by my ward are true and above signature is of my ward. I hereby declare that my ward will abide all the rules and regulations and also the codes of conduct of the Institute and the university. I shall be totally responsible for his/her misconduct at the Institute if admitted and I promise to compensate for damages that may have been caused by my ward during his/her tenure at the institute. The fees payment opted by me/my ward is convenient to me and I will pay the dues whatsoever on or before the due dates.

Signature of the Parents/Guardian

Remarks:

(For Offical Use Only)

Signature of the Admission incharge

List of document to attached

- 1. One set photo copy of all Certificates and mark sheets. (10th onwards)
- 2. 07(Seven) number of recent passport size colour photographs.
- 3. Original CLC & Conduct Certificate.
- 4. Original Migration Certificate.
- 5. Anti ragging affidavit (individually by parents & students)

Application form no.



MITS SCHOOL OF BIOTECHNOLOGY

2(p) Infocity, Patia, Bhubaneswar-24, Odisha

Please put(()) mark for yourchoice course. M.Sc. B.Sc. ☑ Biotechnology(H) **⊠**Biotechnology ☑ Applied Microbiology ☑ Microbiology(H) BCA(Bachelor in Computer Application) W TAHIN OF Binapani bisi (Signature of the Candidate) Instructions to candidates: 1. Candidates are advised to read the prospectus thoroughly. 2. Application submission does not guarantee admission automatically. (TO BE FILLED IN BY THE APPLICANT) 1. Name of the applicant (in block letters, as per 10th standard certificate) NAPAN 2. Name of the Father 3. Name of the Guardian (in case father is not alive) 4. Occupation of the Father: 90 V

5. Date of	Birth: 07081	996 6. Gend	der: Male	X F	emale [V	_
7. Nationa	lity: INDIA		ion: 🚻 1		4	
9. Cast:	GEN: SC: ST	T: MOBC: MOTHERS: M				
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	STATE WE	STBENSAL		Pin 7	3400	15
12. Parents	Contact No.:	476151399,861	733201		a code	
13. Student	ts Contact No.: 7	602460124	0000	00.		
14. E-mail I	D: binapanigirei	42@gmail. Com.	Miskel 1			
		6. Do you need Hostel Accomm	odation	VEC		
7. Academ		HSC or Equivalent:	odation.	YES	NO	X
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UG	MAKAUT, West Bengal.	Biotechnology.	20	17	6.65 DGP#	-

I hereby declare that all the particulars stated by me in application are true to the best of my knowledge and belief. I have read the information Brochure for admission in to MSB and I shall abide by the terms and condition therein. It is entirely my responsible to prove my eligibility for admission to the programme for which I am admitted and also, in respects of qualification, nationality etc. made in my application form, I understand that the decision of MSB regarding my admission will be final and I shall abide by the ordinances and regulation of MSB from time to time. It is my responsible to abide the rules and regulations framed by the concerned university of my current studies.

The Institute will not be responsible if my admission will be refused by the University/ State or Central authorities, I would also be liable to any loss that may be caused due to rejection of my admission on any ground. I am fully aware of the rules that the fees once paid will neither be refunded nor adjusted under any circumstances.

MODE FOR PAYMENT OF FEES

The fees paid are non refundable, and must be paid in shape of Demand Draft, In favour of "MITS SCHOOL OF BIOTECHNOLOGY" and payable at Bhubaneswar.

Place Silizuri

Date. 14-4-18

Binapani Crici

Signature of the Applicant

DECLARATION BY THE PARENT/GURDIAN

The facts mentioned above by my ward are true and above signature is of my ward. I hereby declare that my ward will abide all the rules and regulations and also the codes of conduct of the Institute and the university. I shall be totally responsible for his/her misconduct at the Institute if admitted and I promise to compensate for damages that may have been caused by my ward during his/her tenure at the institute. The fees payment opted by me/my ward is convenient to me and I will pay the dues whatsoever on or before the due dates.

Place Siligues

14-4-18

Balashadra Giri

Signature of the Parent/Gurdian

Remarks:

(For Offical Use Only)

13den 7. 04.18 Signature of the Admission incharge

Paid 15,000/- Mode	Cash Da	te 23	07.18		/Ir. N	lo.	272	-63			N
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M.Sc.		B.Sc.		_			-				
☐ Biotechnology	☐ Biotecl	nnolog	y(H)			-					
☐ Applied Microbiology	Applied Microbiology Affix your passport size										
BCA(Bachelor in Computer Applicat	ion)	******						phot	0		
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 Candidates are advised to read the Applications not completed in all re Application of the submission does (To Name of the applicant (in bleading) 	spects would b not guarantee a D BE FILLED II	e rejected idmission N BY THI	automatic	cally.)		e of t				
2. Name of the father				**************************************							
BHABANI BA	LLAVA	mo	HAP	AIT	R	A	П	T	T	T	1
3. Name of the Guardian(in cas	e father is no	ot alive)						*			
CHANDRA SE	HAR	MAH	APA	TR	A						
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MODE FOR PAYMENT OF FEES

The fees paid are non refundable, and must be paid in shape of Demand Draft, In favour of "MITS SCHOOL OF BIOTECHNOLOGY" and payable at Bhubaneswar.

Place		3.5	
Date	**	*	Bibnuti Brusan manapatra Signature of the Applicant

DECLARATION BY THE PARENT/ GUARDIAN

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Place	Chandra servan
Date	Signature of the Parents/Guardian
Remarks:	(For Offical Use Only)

List of document to attached

Signature of the Admission incharge

- 1. One set photo copy of all Certificates and mark sheets. (10th onwards)
- 2. 07(Seven) number of recent passport size colour photographs.
- 3. Original CLC & Conduct Certificate.
- 4. Original Migration Certificate.
- 5. Anti ragging affidavit (individually by parents & students)

Paid Ps Signature Mode Cosh	Date 11-6-18:	Mr. No. 25776.											
	Application for OL OF BIOT Patia, Bhubaneswar	ECHNOLOGY											
Please put(☑) mark for your choice cour	rse,												
M.Sc. Biotechnology □ Biotechnology(H)													
☐ Biotechnology ☐ Biotechnology(H) ☐ Applied Microbiology →													
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BCA(Bachelor in Computer Application)													
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Instructions to candidates:	a .	Abhisit Dangla											
1. Candidates are advised to read the prospectu	us thoroughly.	(Signature of the Candidate)											
2. Applications not completed in all respects we	ould be rejected.												
3. Application of the submission does not guara	antee admission automaticall	y.											
(TO BE FIL	LED IN BY THE APPLICA	NT)											
1. Name of the applicant (in block lett	ers, as per 10th standar	d certificate)											
ABHIJIT PANDA													
2. Name of the father													
AKSHAYAKUMAR	PANDA												
3. Name of the Guardian(in case fathe	r is not alive)	*											
4. Occupation of the father:													
GOVERMENT SER	VICE												

5. Date of Birth: 5 7 0 3 2 0 0 0 6. Gender: Male Female									
7. Nationality: INDIAN 8. Religion: HINDUISM									
9. Cast: GEN: SC: ST: OBC: OTHERS:									
O. Correspondendence Address:									
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POSTMADHUBAN HATCITY/TOWNKUAKHJA									
DIST-JAJPUR STATE ODISHA PIN755009									
11. Permanent Address:									
AT-MIRZAPUR									
POSTMADHUBAN HATCITY/TOWNKUAKHIA									
DIST-JAJPUR STATEODISHA PIN755000									
12. Parents Contact No.: 7504056089									
13. Students Contact No.: 7 7 5 1 8 9 6 8 2 3									
14. E-mail ID: 0p3201024@ gmail. Com									
15. Blood Group: 0+ve									
16. Do you need Hostel Accommodation: YES NO NOT DECIDED									
17. Do you need transport Facility: YES NO NOT DECIDED									
18. Academic information from HSC or Equivalent:									
Exam. Passed Name of the Board/University Subject/Discipline Year of passing /CGPA									
10th CBSE ODIA, ENGLISH, SCIENCE 2015 9.4 SST, MATH CGPA									
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Mode

Cash

Date 27.07-18



Application form no.

HOOL OF BIOTECHNOLOGY

P) Infocity, Patia, Bhubaneswar-24, Odisha

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12. Parents Contact No.: 9 2 3 8 9 9 8 2 7 3										
13. Students Contact No.: 7809109278										
14. E-mail ID:										
15. Blood Group:										
16. Do you need Hostel Accommodation: YES NO NOT DECIDED										
17. Do you need transport Facility: YES NO NOT DECIDED										
18. Academic information from HSC or Equivalent:										
Exam. Passed Name of the Board/University	Subject/Discipline	Year of % of Marks passing /CGPA								
10th V.8. K/BSEO		2016 348/581								
12th P.A CHSE	PCMB	2018 264/44								
UG										
PG										

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Place BBSK

Date...2717118

Signature of the Parents/Guardian

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