

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



Program Details					
<b>Institute Applying For</b>	MITS School of Biotechnology	<b>Program</b>	Master of Science (Biotechnology)	<b>Course</b>	Master of Science (Biotechnology)

Personal Details	
<b>Title</b>	Miss
<b>Name</b>	AAKANKHIKA RAY
<b>Email Address</b>	aakankhikaray@gmail.com
<b>Mobile Number</b>	+91-9692074858
<b>Martial Status</b>	Single
<b>Blood Group</b>	A+
<b>Date Of Birth</b>	03/02/2002
<b>Age as on 31st Dec 2020</b>	18 years , 10 months , 28 days
<b>Gender</b>	Female
<b>Nationality</b>	Indian
<b>Category</b>	General
<b>Domicile State</b>	Odisha
<b>Mother Tongue</b>	ODIA
<b>Aadhaar Card Number</b>	305174399304
<b>Passport Number</b>	
<b>Passport Country</b>	
<b>Place Of Issue</b>	
<b>Date Of Issue</b>	
<b>Date Of Expiry</b>	
<b>Whether Physically Handicapped</b>	No
<b>Hostel Accommodation required?</b>	No
<b>Transport Facility required?</b>	No
<b>From Where did you get to know about us?</b>	Friends / Relatives
<b>Please specify</b>	

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


Address Details		
<b>Is permanent address same as address for communication?</b>		No
	<b>Correspondence</b>	<b>Permanent</b>
<b>Address Line 1</b>	New kacharmala	AT-Chahata
<b>Address Line 2</b>	Phulnakhara, cuttack	Ps-Dharmasala
<b>City Name</b>	Cuttack	Dharmasala
<b>District Name</b>	Cuttack	lainur

State Name	Odisha	Odisha
Country Name	India	India
Pincode	754001	755008

Academic Details			
After 10th Qualification		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	
Year of Passing	2017	2019	
Result Status	-	Declared	
Marking Scheme	Percentage	Percentage	
Percentage/CGPA	78.83	56.16	

Graduation Details		
Graduation State	Graduation University	Graduation Institute
Odisha	Utkal University, Odisha	Raghunathjew College

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

Upload Details	
Upload Your Signature	
Upload Your 10th Marksheets	Yes
Upload Your 12th Marksheets	Yes
Upload Your Diploma Marksheets	NO
Upload Your Graduation Marksheets	NO

Declaration	
I Hereby Declare That All Information Stated Above Are True To My Knowledge And Belief. I Satisfy All The Eligibility Criteria And Submit All Relevant Certificates Failing Which MITS Group Of Institutions Has Every Right To Cancel My Candidature.	
Applicant Name	AAKANKHIKA RAY
Parent Name	Subranshu Shekhar Ray
Date	01/08/2022

**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 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

Sudhanshu Sekhate Ray

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



Program Details					
<b>Institute Applying For</b>	MITS School of Biotechnology	<b>Program</b>	Master of Science (Biotechnology)	<b>Course</b>	Master of Science (Biotechnology)

Personal Details	
<b>Title</b>	Miss
<b>Name</b>	ARRYAYANA MOHAPATRA
<b>Email Address</b>	arryayanamohapatra@gmail.com
<b>Mobile Number</b>	+91-7008751025
<b>Martial Status</b>	Single
<b>Blood Group</b>	A+
<b>Date Of Birth</b>	05/01/2000
<b>Age as on 31st Dec 2020</b>	20 years , 11 months , 26 days
<b>Gender</b>	Female
<b>Nationality</b>	Indian
<b>Category</b>	General
<b>Domicile State</b>	Odisha
<b>Mother Tongue</b>	ODIA
<b>Aadhaar Card Number</b>	724805435597
<b>Passport Number</b>	
<b>Passport Country</b>	
<b>Place Of Issue</b>	
<b>Date Of Issue</b>	
<b>Date Of Expiry</b>	
<b>Whether Physically Handicapped</b>	No
<b>Hostel Accommodation required?</b>	No
<b>Transport Facility required?</b>	No
<b>From Where did you get to know about us?</b>	Google
<b>Please specify</b>	

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


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

<b>District Name</b>	Khordha	Khordha
<b>State Name</b>	Odisha	Odisha
<b>Country Name</b>	India	India
<b>Pincode</b>	751003	751003

Academic Details			
After 10th Qualification		12th	
	10th Details	12th Details	Diploma Details
<b>Institute Name</b>	Ccie public school	Maharshi college of natural law	
<b>Board / Univesity</b>	Council Of Indian School Certificate Examination (CISCE/ICSE)	Orissa Council Of Higher Secondary Education Bhubaneswar	
<b>Mode of Class</b>	Regular	Regular	-
<b>Stream/Subjects</b>	-	Science	
<b>Year of Passing</b>	2016	2018	
<b>Result Status</b>	-	Declared	
<b>Marking Scheme</b>	Percentage	Percentage	
<b>Percentage/CGPA</b>	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	
<b>Upload Your Signature</b>	
<b>Upload Your 10th Marksheet</b>	Yes
<b>Upload Your 12th Marksheet</b>	Yes
<b>Upload Your Diploma Marksheet</b>	NO
<b>Upload Your Graduation Marksheet</b>	Yes

Declaration	
I Hereby Declare That All Information Stated Above Are True To My Knowledge And Belief. I Satisfy All The Eligibility Criteria And Submit All Relevant Certificates Failing Which MITS Group Of Institutions Has Every Right To Cancel My Candidature.	
<b>Applicant Name</b>	ARRYAYANA MOHAPATRA
<b>Parent Name</b>	Prasant Kumar Mohapatra
<b>Date</b>	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 .....

*Aarjyayana Mohapatra*  
( 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 ..... 27.10.2022 .....

*Prasanta Kumar Mohapatra*  
Signature of Parents/Guardian

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



20

Program Details	
<b>Institute Applying For</b>	MITS SCHOOL OF BIOTECHNOLOGY
<b>Program</b>	UG (3 YEARS)
<b>Course</b>	BACHELOR OF SCIENCE (BIOTECHNOLOGY)
Personal Details	
<b>Title</b>	MISS
<b>Name</b>	BANYA PRADHAN
<b>Email Address</b>	PRADHANBANYA1@GMAIL.COM
<b>Mobile Number</b>	+91-9163798890
<b>Martial Status</b>	SINGLE
<b>Blood Group</b>	B+
<b>Date Of Birth</b>	20/01/2001
<b>Age as on 31st Dec 2020</b>	19 YEARS , 11 MONTHS , 11 DAYS
<b>Gender</b>	FEMALE
<b>Nationality</b>	INDIAN
<b>Category</b>	OBC
<b>Domicile State</b>	ODISHA
<b>Mother Tongue</b>	ODIA
<b>Aadhaar Card Number</b>	282531659820
<b>Passport Number</b>	
<b>Passport Country</b>	
<b>Place Of Issue</b>	
<b>Date Of Issue</b>	
<b>Date Of Expiry</b>	
<b>Whether Physically Handicapped</b>	NO
<b>Hostel Accommodation required?</b>	YES
<b>Transport Facility required?</b>	NO
<b>From Where did you get to know about us?</b>	OTHER (FROM A FRIEND)
<b>Please specify</b>	

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

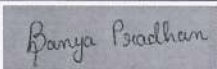
Address Details		
<b>Is permanent address same as address for communication?</b>		YES
	Correspondence	Permanent
<b>Address Line 1</b>	AT MADAN MOHAN PATANA, POST- PEAGARPARA, PS-RAJKANIKI, VIA- OLAVER	AT MADAN MOHAN PATANA, POST- PEAGARPARA, PS-RAJKANIKI, VIA- OLAVER
<b>Address Line 2</b>		
<b>City Name</b>	KENDRAPARA	KENDRAPARA

<b>District Name</b>	KENDRAPARA	KENDRAPARA
<b>State Name</b>	ODISHA	ODISHA
<b>Country Name</b>	INDIA	INDIA
<b>Pincode</b>	754220	754220

Academic Details			
After 10th Qualification		12TH	
	10th Details	12th Details	Diploma Details
<b>Institute Name</b>	NATIONAL HIGH SCHOOL	NATIONAL HIGH SCHOOL	
<b>Board / Univesity</b>	WEST BENGAL BOARD OF SECONDARY EDUCATION	CENTRAL BOARD OF SECONDARY EDUCATION (CBSE)	
<b>Mode of Class</b>	REGULAR	REGULAR	
<b>Stream/Subjects</b>	-	SCIENCE	
<b>Year of Passing</b>	2017	2019	
<b>Result Status</b>	-	DECLARED	
<b>Marking Scheme</b>	PERCENTAGE	PERCENTAGE	
<b>Percentage/CGPA</b>	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	
<b>Upload Your Signature</b>	
<b>Upload Your 10th Marksheet</b>	YES
<b>Upload Your 12th Marksheet</b>	YES
<b>Upload Your Diploma Marksheet</b>	NO
<b>Upload Your Graduation Marksheet</b>	NO

Declaration	
I Hereby Declare That All Information Stated Above Are True To My Knowledge And Belief. I Satisfy All The Eligibility Criteria And Submit All Relevant Certificates Failing Which MITS Group Of Institutions Has Every Right To Cancel My Candidature.	
<b>Applicant Name</b>	BANYA PRADHAN
<b>Parent Name</b>	PRAKASH PRADHAN
<b>Date</b>	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.....

  
( 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.....

  
Signature of Parents/Guardian

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



2

Program Details					
Institute Applying For	MITS SCHOOL OF BIOTECHNOLOGY	Program	UG (3 YEARS)	Course	BACHELOR OF SCIENCE (BIOTECHNOLOGY)

Personal Details	
Title	MR.
Name	ABHISHEK TRIPATHY
Email Address	TRIPATHYABHISHEK440@GMAIL.COM
Mobile Number	+91-8249388857
Martial Status	SINGLE
Blood Group	A+
Date Of Birth	11/11/2001
Age as on 31st Dec 2020	19 YEARS , 1 MONTH , 20 DAYS
Gender	MALE
Nationality	INDIAN
Category	GENERAL
Domicile State	ODISHA
Mother Tongue	ODIA
Aadhaar Card Number	855967760891
Passport Number	
Passport Country	
Place Of Issue	
Date Of Issue	
Date Of Expiry	
Whether Physically Handicapped	NO
Hostel Accommodation required?	YES
Transport Facility required?	YES
From Where did you 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		

Address Details		
Is permanent address 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		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	<i>Abhishek Tripathy</i>
Upload Your 10th Marksheet	YES
Upload Your 12th Marksheet	YES
Upload Your Diploma Marksheet	NO
Upload Your Graduation Marksheet	NO

**Declaration**  
I Hereby Declare That All Information Stated Above Are True To My Knowledge And Belief. I Satisfy All The Eligibility Criteria And Submit All Relevant Certificates Failing Which MITS Group Of Institutions Has Every Right To Cancel My Candidature.

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.

Date .....5/6/21.....

*Abhishek Tripathy*  
( 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 .....5/6/21.....

*Upendra Kumar Tripathy*  
Signature of Parents/Guardian



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



Program Details					
Institute Applying For	MITS SCHOOL OF BIOTECHNOLOGY	Program	UG (3 YEARS)	Course	BACHELOR OF COMPUTER APPLICATION (BCA)
Personal Details					
Title	MR.				
Name	SAMBIT KUMAR PARIDA				
Email Address	SONUSAMBIT4@GMAIL.COM				
Mobile Number	+91-9861029899				
Martial Status	SINGLE				
Blood Group	O+				
Date Of Birth	27/07/2002				
Age as on 31st Dec 2020	18 YEARS , 5 MONTHS , 4 DAYS				
Gender	MALE				
Nationality	INDIAN				
Category	GENERAL				
Domicile State	ODISHA				
Mother Tongue	ODIA				
Aadhaar Card Number	665216369326				
Passport Number					
Passport Country					
Place Of Issue					
Date Of Issue					
Date Of Expiry					
Whether Physically Handicapped	NO				
Hostel Accommodation required?	NO				
Transport Facility required?	NO				
From Where did you get to know about us?	GOOGLE				
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	

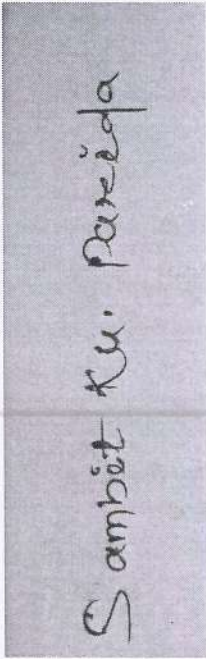
Address Details		
Is permanent address same as address for communication?	YES	
	Correspondence	Permanent
Address Line 1	BAGHEIPUR	BAGHEIPUR
Address Line 2	BALIKUDA	BALIKUDA
City Name	JAGATSINGHPUR	JAGATSINGHPUR

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	NAVAYOTI 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	

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	
Upload Your 10th Marksheet	YES
Upload Your 12th Marksheet	YES
Upload Your Diploma Marksheet	NO
Upload Your Graduation Marksheet	NO

Declaration
I Hereby Declare That All Information Stated Above Are True To My Knowledge And Belief. I Satisfy All The Eligibility Criteria And Submit All Relevant Certificates Failing Which MITS Group Of Institutions Has Every Right To Cancel My Candidature.

## 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 ..... 20/9/2020 .....

Sambit Ku. Parida  
( 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 .

Nirmal Ch. Parida  
Signature of Parents/Guardian



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



Program Details					
Institute Applying For	MITS SCHOOL OF BIOTECHNOLOGY	Program	UG (3 YEARS)	Course	BACHELOR OF COMPUTER APPLICATION (BCA)

Personal Details	
Title	MISS
Name	AISHWARYA DAS
Email Address	AISHWARYADAS3119@GMAIL.COM
Mobile Number	+91-9668117935
Martial Status	SINGLE
Blood Group	A+
Date Of Birth	27/05/2002
Age as on 31st Dec 2020	18 YEARS , 7 MONTHS , 4 DAYS
Gender	FEMALE
Nationality	INDIAN
Category	GENERAL
Domicile State	ODISHA
Mother Tongue	ODIA
Aadhaar Card Number	482540181686
Passport Number	
Passport Country	
Place Of Issue	
Date Of Issue	
Date Of Expiry	
Whether Physically Handicapped	NO
Hostel Accommodation required?	NO
Transport Facility required?	YES
From Where did you get to know about us?	OTHER (MY FRIEND SIBANANDA MOHAPATRA 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	
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

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

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

Declaration	
I Hereby Declare That All Information Stated Above Are True To My Knowledge And Belief. I Satisfy All The Eligibility Criteria And Submit All Relevant Certificates Failing Which MITS Group Of Institutions Has Every Right To Cancel My Candidature.	
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 ..... 20/09/2020 .....

Aishwarya 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 ..... 20.09.20 .....

Rajeev Das  
Signature of Parents/Guardian

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



①

Program Details					
Institute Applying For	MITS SCHOOL OF BIOTECHNOLOGY	Program	PG (2 YEARS)	Course	MASTER OF SCIENCE (BIOTECHNOLOGY)

Personal Details	
Title	MISS
Name	AAISHMA MEHER
Email Address	AAISHMAMEHER.NIKI@GMAIL.COM
Mobile Number	+91-8917672785
Martial Status	SINGLE
Blood Group	B+
Date Of Birth	18/07/1998
Age as on 31st Dec 2020	22 YEARS , 5 MONTHS , 13 DAYS
Gender	FEMALE
Nationality	INDIAN
Category	OBC
Domicile State	ODISHA
Mother Tongue	ODIA
Aadhaar Card Number	621733099510
Passport Number	
Passport Country	
Place Of Issue	
Date Of Issue	
Date Of Expiry	
Whether Physically Handicapped	NO
Hostel Accommodation required?	YES
Transport Facility required?	NO
From Where did you get to know about us?	GOOGLE
Please specify	

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	

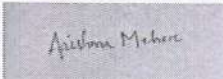
Address Details		
Is permanent address same as address for communication?		YES
	Correspondence	Permanent
Address Line 1	SHREE DURGA NAGAR	SHREE DURGA NAGAR
Address Line 2	NEAR PANCHANAN HOTEL	NEAR PANCHANAN HOTEL
City Name	JUNAGARH	JUNAGARH
District Name	KALAHANDI	KALAHANDI

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	

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	
Upload Your 10th Marksheet	YES
Upload Your 12th Marksheet	YES
Upload Your Diploma Marksheet	NO
Upload Your Graduation Marksheet	YES

Declaration	
I Hereby Declare That All Information Stated Above Are True To My Knowledge And Belief. I Satisfy All The Eligibility Criteria And Submit All Relevant Certificates Failing Which MITS Group Of Institutions Has Every Right To Cancel My Candidature.	
Applicant Name	AAISHMA MEHER
Parent Name	KAILASH CHANDRA MEHER
Date	02/11/2020

## 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 ..... 2-11-2020 .....

*Aishma Meher*  
( 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 ..... 02-11-2020 .....

*K. Ch. Meher*  
Signature of Parents/Guardian



✓

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



Program Details					
Institute Applying For	MITS SCHOOL OF BIOTECHNOLOGY	Program	PG (2 YEARS)	Course	MASTER OF SCIENCE (BIOTECHNOLOGY)

Personal Details	
Title	MISS
Name	DEBIDUTTA SUHASINI MISHRA
Email Address	SUHASINI9171@GMAIL.COM
Mobile Number	+91-7749996200
Martial Status	SINGLE
Blood Group	O+
Date Of Birth	27/01/2000
Age as on 31st Dec 2020	20 YEARS , 11 MONTHS , 4 DAYS
Gender	FEMALE
Nationality	INDIAN
Category	GENERAL
Domicile State	ODISHA
Mother Tongue	ODIA
Aadhaar Card Number	748907280372
Passport Number	
Passport Country	
Place Of Issue	
Date Of Issue	
Date Of Expiry	
Whether Physically Handicapped	NO
Hostel Accommodation required?	YES
Transport Facility required?	YES
From Where did you get to know about us?	GOOGLE
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	

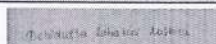
Address Details		
Is permanent address same as address for communication?		YES
	Correspondence	Permanent
Address Line 1	ADHEIGUNDI,ADHEIGUNDI, CUTTACK	ADHEIGUNDI,ADHEIGUNDI, CUTTACK
Address Line 2	ADHEIGUNDI, ADHEIGUNDI, CUTTACK	ADHEIGUNDI, ADHEIGUNDI, CUTTACK
City Name	CUTTACK	CUTTACK
District Name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

State Name	ODISHA	ODISHA
Country Name	INDIA	INDIA
Pincode	754037	754037

Academic Details			
After 10th Qualification		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	-	DECLARED	
Marking Scheme	PERCENTAGE	PERCENTAGE	
Percentage/CGPA	88.5	71	

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

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

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

Declaration	
I Hereby Declare That All Information Stated Above Are True To My Knowledge And Belief. I Satisfy All The Eligibility Criteria And Submit All Relevant Certificates Failing Which MITS Group Of Institutions Has Every Right To Cancel My Candidature.	
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.

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 ..... 24-8-2020 .....

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.

Date ..... 24/8/2020 .....

Girya Bhai Mishra  
Signature of Parents/Guardian







### DECLARATION BY THE CANDIDATE

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.....

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.

Place..... *Bhubaneswar*

Date..... *29.06.2018*

*P.K. Panda*  
**Signature of the Parents/Guardian**

Remarks: (For Official Use Only)

*A. S. Deella*  
**Signature of the Admission incharge**

### List of document to attached

1. One set photo copy of all Certificates and mark sheets. (10<sup>th</sup> 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)





### DECLARATION BY THE CANDIDATE

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.....Siliguri.....

Binapani Girci  
Signature of the Applicant

Date.....14-4-18.....

### 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.....Siliguri.....

Balabhadra Girci  
Signature of the Parent/Gurdian

Date.....14-4-18.....

Remarks:

(For Official Use Only)

A. S. Deullah  
17-04-18  
Signature of the Admission incharge







### DECLARATION BY THE CANDIDATE

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.....

Date.....

*Bibhuti Bhujang  
mahapatra*  
**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.

Place.....

Date.....

*Chandra Sekhar  
mahapatra*  
**Signature of the Parents/Guardian**

Remarks:

(For Official Use Only)

*A. S. Sahoo*  
**Signature of the Admission Incharge**

### List of document to attached

1. One set photo copy of all Certificates and mark sheets. (10<sup>th</sup> 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)



5. Date of Birth: 01 03 2000

6. Gender: Male  Female

7. Nationality: INDIAN

8. Religion: HINDUISM

9. Cast: GEN:  SC:  ST:  OBC:  OTHERS:

10. Correspondence Address:

AT - MIRZAPUR  
POST MADHUBAN HAT CITY / TOWN KUAKHIA  
DIST - JAIPUR STATE ODISHA Pin 755009

11. Permanent Address:

AT - MIRZAPUR  
POST MADHUBAN HAT CITY / TOWN KUAKHIA  
DIST - JAIPUR STATE ODISHA Pin 755009

12. Parents Contact No.: 7504056089

13. Students Contact No.: 7751896823

14. E-mail ID: ap3201024@gmail.com

15. Blood Group: O<sup>+</sup>

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	% of Marks /CGPA
10 <sup>th</sup>	CBSE	ODIA, ENGLISH, SCIENCE SST, MATH	2015	9.4 CGPA
12 <sup>th</sup>	CBSE	PCB	2018	57%
UG				
PG				

### DECLARATION BY THE CANDIDATE

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.....Bhubaneswar.....

Date.....

Abhijit Panda  
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.

Place.....Cuttack.....

Date.....

Asin  
Signature of the Parents/Guardian

Remarks: (For Official Use Only)

Devi  
11.6.18  
Signature of the Admission incharge

### List of document to attached

1. One set photo copy of all Certificates and mark sheets. (10<sup>th</sup> 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)



5. Date of Birth: 01 07 2000

6. Gender: Male  Female 

7. Nationality: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

8. Religion: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

9. Cast: GEN:  SC:  ST:  OBC:  OTHERS: 

10. Correspondence Address:

V	I	M	7	2	7																	
P O S T						C I T Y / T O W N																
8 W E R						B H U B A N E																
						S T A T E						O D I S H A					P i n		7 5 1 0 2 1			

11. Permanent Address:

V	I	M	-	7	2	7																
P O S T						S A I L A S H R E E V I H A R											C I T Y / T O W N		B H U B A N E S H A H			
						S T A T E						O D I S H A					P i n		7 5 1 0 2 1			

12. Parents Contact No.: 9 2 3 8 9 9 8 2 7 3

13. Students Contact No.: 7 8 0 9 1 0 9 2 7 8

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 passing	% of Marks /CGPA
10 <sup>th</sup>	V.S.K/BSE0	—	2016	348/581
12 <sup>th</sup>	P.A. College	PCMB	2018	264/441
UG				
PG				

### DECLARATION BY THE CANDIDATE

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.....BBSR.....

Date.....27/7/18.....

*Binayak Raj Singh*  
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.

Place.....BBSR.....

Date.....27/7/18.....

*Bibhuti Bhattacharya Raj Singh*  
Signature of the Parents/Guardian

Remarks:

(For Official Use Only)

Signature of the Admission incharge

### List of document to attached

1. One set photo copy of all Certificates and mark sheets. (10<sup>th</sup> 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)