



Gangadhar Meher University

Amruta Vihar, Sambalpur, Odisha-768004

Online Application Form for Self-financing PG Courses

Application Details: (Fill in **BLOCK** letters and all fields are mandatory)

Programme Applied for (Tick appropriate box):

MBA MBA-FM M.Sc. ETC M.A/M.Sc. PGDLAN*
 (Biostatistics)

*PGDLAN: Post Graduate Diploma in Library Automation and Networking

Name :

Date of Birth :(dd/mm/yyyy)

Gender :(Male/Female/others)

Nationality :

Aadhaar Number :

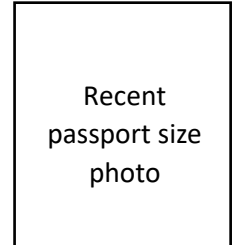
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Blood Group with Rh :

Mother Tongue :

Father's Name :

Mother's Name :



Application Fee Payment Details:

Amount:.....; **Date of payment:**.../.../.....; **DD No.**.....

Home Address:

Address for Correspondence relating to admission	Permanent Address <input type="checkbox"/> (Tick, if same as correspondence address)
Village/Street :	Village/Street :
Post office :	Post office:
Police Station :	Police Station :
District :	District :
State :	State :
Pin/Zip :	Pin/Zip :
e-Mail Address :	e-Mail Address :
Contact No. :	Contact No. :
Alternate Contact No.:	Alternate Contact No.:

Academic History of the Candidate:

Degree/ Diploma	Board/ University (Passed)	Institute/ University	Max. Marks	Secured Marks	Per(%)	Year of Passing	Division/ Class	Main/Optional Subjects
10th								
12th								
Graduation								
Post - Graduation								

Category & Reservation details:

Category : GEN/SC/ST
Mention if differently abled : Yes/No
Defence personnel : Yes/No
Sports personnel : Yes/No
Do you belong to outside Odisha?..... Yes/No

Documents to be attached:

1. Self-attested photocopies of all certificates and marksheets
2. Self-attested photocopy/(ies) of supporting document/(s) pertaining to reservations
3. Self-attested photocopy of Aadhaar card
4. Self-attested photocopy of Demand Draft (DD).

UNDERTAKING/DECLARATION

I solemnly affirm that the information furnished above is true and correct in all respect to the best of my knowledge and belief. I have not concealed any information. I undertake that if any information herein is found to be incorrect or false, I shall be liable for action as per rules in force.

Date:

Place:

Signature of the applicant

FOR OFFICE USE ONLY
Application No. :
Application Date :