



ओडिशा राष्ट्रभाषा परिषद
ODISHA RASTRABHASA PARISAD
(RECOGNISED BY GOVT. OF INDIA)

ADMISSION CUM EXAMINATION FORM

FORM NO : _____ SESSION : _____

AADHAAR CARD NUMBER :

CENTRE CODE :

STUDY CENTRE NAME :

1. STUDENT NAME (IN BLOCK LETTER) :

2. FATHER'S NAME :

3. MOTHER'S NAME :

4. ADDRESS FOR COMMUNICATION :

5. E-MAIL :

6. MOBILE NUMBER :

7. SEX : MALE

FEMALE

8. DATE OF BIRTH

9. CAST :

ST

SC

OBC

GENREAL

OTHER

10. PREVIOUS EDUCATION QUALIFICATION INFORMATION :

SER NO.	YEAR	BOARD	PERCENTAGE

11. SUBJECTS SELECTED :

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

12. DETAILS ABOUT PAYMENT OF FEE :-

(A). AMOUNT RS. :

(B). PAYMENT MODE : CASH CHEQUE/A/C TRF E-WALLET

(C). REFERENCE DETAIL & DATE :

13. I DECLARE THAT PARTICULARS GIVEN ABOVE ARE CORRECT AND THAT I WILL, IF ADMITTED, ABIDE BY THE RULES & REGULATIONS OF ODISHA RASTRABHASA PARISAD, JAGANNATH DHAM, PURI.

PLACE :

.....
SIGNATURE OF THE STUDENT

DATE :

15. ENCLOSURES :

- (A). DATE OF BIRTH CERTIFICATE
- (B). EDUCATIONAL QUALIFICATION
- ©. PASSPORT SIZE PHOTOS - 2 NOS
- (D). DEMAND DRAFT/ONLINE PAYMENT
- (E). ADDRESS PROOF & IDENTITY PROOF (AADHAAR CARD COPY)
- (F). SHAPATH PATRA

.....
SEAL & SIGNATURE OF THE STUDY CENTRE I/C

.....
OFFICE USE ONLY

ROLL NO.

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ENROLLMENT NO.

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DATE :

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VERIFIED AND CHECKED BY