INSTITUTE OF MATHEMATICS AND APPLICATIONS

Andharua, Bhubaneswar-751029

APPLICATION FORM FOR ADMISSION INTO PG COURSES

Reference Number								Paste your recent passport size photo		
2	0	2	1	PG						graph (Color) and
For Office use only								append your full signature		
INSTRUCTION: Fill in the application form in your own handwriting clearly and legibly. Incomplete and duplicate forms may be rejected.									(Full Signature)	
					M.A/N	1.Sc. in	Comp	<u>utation</u>	al Finan	ce or M.A./M.Sc. in
<u>Mathe</u>	<u>matics</u>	with D	ata Sci	ence):						
Prefer	ence 1:	:								
Prefer	ence 2:	:								
										e code in order of entre codes.)
			Pref	erence	1:					
			Pref	erence	2:					
			Pref	erence	3:					
			APPL	ICATIO	N FEE	PAYME	NT INF	ORMAT	'ION *	
Amount Paid										
Transa	ction II)/ Dema	and Dra	aft Num	ber					
Date of	Transa	ction /	Date of	Deman	d Draf	t				
Issuing	Bank N	lame								

^{*} Application fee once paid is not refundable.

GENERAL INFORMATION

(Please leave one blank between two words)

1.	Name of the Applicant: (In capital letters)						
2.	Father's Name:							
3.	Mother's Name:							
	0.1	GENERAL ST S	SC					
4.	Category: (Tick whichever i applicable)		<u>, </u>					
5.	. Whether Differently Abled (Write YES/NO in the Box):							
6.	Date of Birth (As	recorded in the High School Certificate): D D M M Y	YY	Y				
7.	Email ID:							
		(Please write your valid email ID)						
8.	Mobile No:							
		(Please write your valid mobile number)						
9.	Address for Corre	espondence (In capital letters):						

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		\neg	
11. Mother Tongue:			
		_ _	
12. Gender:			
13. Religion:			
		<u> </u>	
14. Marital status:			
15. Nationality:			
	 EDUCATIONAL	RECORD	

16. Education details:

Name of the	Board/	Name of the	Year of	Stream	Division/	% of	% of Marks
Examination	University	College/Institution	passing		Grade	Marks/	in
						CGPA	Mathematics
Matriculation/							
High School							
Certificate							
Examination or							
equivalent							
Higher							
Secondary/							
Equivalent							
Examination							

Bache									
degre	e/								
Equiv									
degre	e								
	ination.								
Other	s, if any								
	-, - 5								
	4 F. N	C.1 T	1 1 .	. 1: 1					
	17. Name o	f the Institution	n where last s	studied :					
L									
	18. Name o	f the Board/ U	niversity whe	ere last s	tudied:				
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_									
			C	THER I	NFORMAT	ION			
	19. Occupa	tion/Designatio	on of Mother				ther		
	19. Occupa	tion/Designatio	on of Mother				ther		
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	19. Occupa	tion/Designatio	on of Mother				ther		
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		tion/Designation				Fa			
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:	20. Total ar	nnual income o	f the househo	old (gros	s):	Fa			
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:	20. Total ar 21. Details Name: Address Mobile	of contact pers	f the househo	old (gros	s):	Fa			
:	20. Total ar 21. Details Name: Address Mobile	of contact pers	f the househo	old (gros	s):	Fa			

DECLARATION

	I certi	fy that	the	information	furnished	in	this	application	is	true	to	the	best	of	my
knowle	dge. My	applic	atior	n may be reje	cted and ad	mi	ssion	be cancelled	l, if	any ii	nfoı	rmat	ion h	erei	in is
found t	o be inc	orrect	at an	y time even a	fter admiss	sior	۱.								

PLACE:
DATE:
SIGNATURE OF APPLICANT
(Full Signature)

(CHECK LIST OF DOCUMENTS)

[Please put a tick mark in the appropriate box]

1.	Photo copy (self-attested) of High School certificate:	
2.	Photo copy (self-attested) of High School Mark sheet:	
3.	Photo copy (self-attested) of Intermediate /Higher Secondary certificate:	
4.	Photo copy (self-attested) of Intermediate /Higher Secondary Mark sheet:	
5.	Photo copy (self-attested) of Graduation certificate:	
6.	Photo copy (self-attested) of Graduation Mark sheet:	
7.	Photo copy (self-attested) of caste certificate (If belong to ST/SC candidates of Odisha state domicile.):	
8.	Photo copy (self-attested) of valid certificate (If belong to Category Differently Abled):	
9.	Demand Draft of appropriate value (in original) in favour of " Director, IMA, Bhubaneswar " payable at Bhubaneswar or Photo Copy (self-attested) of online payment slip towards Application fee:	
10.	Two self-addressed envelopes:	
11.	Two recent passport size photograph:	

Total Number of document pages submitted: (in figure)			
(in words)	paged from	to	

PLACE: SIGNATURE OF APPLICANT DATE: (Full Signature)

(FOR OFFICE USE ONLY)

Mr. / Ms	
/ wait- listed for taking admission into	
ACADEMIC SECTION I/C	ACADEMIC CO-ORDINATOR
ADMISSION AND COURSE FEE P	PAYMENT DETAILS
Amount Paid	
Transaction ID/Demand Draft Number	
Date of Transaction /Date of Demand Draft	
Issuing Bank Name	
Money Receipt No. and Date	
ACCOUNTS SECTION I/C	DIRECTOR