INSTITUTE OF MATHEMATICS AND APPLICATIONS

Andharua, Bhubaneswar-751029

APPLICATION FORM FOR ADMISSION INTO UG COURSE

			Refer	ence Nu	ımber				_	Paste your recent passport size
2	0	0 2 1 UG							photograph (Color) and append your full	
			For O	ffice us	e only				_	signature.
INSTI	RUCTIC			applicat e and d		-			_	(Full Signature) early and legibly.
ľ	NAME (OF THE	COUR	SE:	B.9	Sc. (HO	NS.) IN	MATH	EMATICS	S AND COMPUTING
										e code in order of centre codes.)
			Pr	eferenc	e 1:					
			Pr	eferenc	e 2:					
			Pr	eferenc	e 3:					
			APP	PLICATIO	ON FEE	PAYMI	ENT IN	FORMA'	TION *	
Amou	nt Paid									
Trans	action I	D/ Den	nand D	raft Nun	nber					
Date o	of Trans	saction	/Date o	of Dema	nd Dra	ıft				
Issuin	g Bank	Name								

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

GENERAL INFORMATION

(Please leave one blank between two words)

1.	Name of the Candidate: (In capital letters)									
2.	Father's Name:									
3.	Mother's Name:									
4.	Category: (Tick whichever is	GENERAL	ST		SC					
5.	applicable) . 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 Y Y Y						Y			
7.	Email ID:				l					
	_	(Please w	vrite your valid o	email ID)						
8.	Mobile No:									
		(Please write	e your valid mol	bile numbe	er)					
9.	Address for Corres	spondence (In capital letter	rs):							

11. Mother Tongue:			
12. Gender:			
13. Religion:			
14. Marital status:			
ŗ			
15. Nationality:			
l			

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							

thers, if any								
,								
17. Name	of the Institutio	n where last studied :	:					
18. Name	of the Board/ U	niversity where last s	tudied:					
		OTHER	NEODMAT	ION				
		UTHERT	NFORMAT	ION				
19. Occun	ation/Designati	on of Mother		Fa	ather			
19. Occup	ation/Designati	on of Mother		Fa	ather			
		on of Mother						
20. Total a	annual income c		ss):					
20. Total a	annual income o	of the household (gros	ncy					
20. Total a 21. Details	annual income o	of the household (grossen) son in case of emergen	ncy					
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20. Total a 21. Details Names Addre	annual income of soft contact persons soft contact persons see No	of the household (gros	ncy					

DECLARATION

I certify tha	nt the information	n furnished	in this	application	is tr	ue to	the	best	of 1	my
knowledge. My appli	ication may be re	jected and adr	nission	be cancelled	, if an	y infoi	rmati	on he	reir	ı is
found to be incorrec	t at any time eve	ı after admissi	on.							

PLACE:	SIGNATURE OF APPLICANT
DATE:	(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 caste certificate (If belong to ST/SC candidates of Odisha state domicile.):	
6.	Photo copy (self-attested) of valid certificate (If belong to Category Differently Abled):	
7.	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:	
8.	Two self-addressed envelopes:	
9.	Two recent passport size photograph:	

Total Number of document pages sub	omitted: (in figure)		
(in words)		paged from	to
PLACE:		SIGNATURI	E OF APPLICANT
DATE:			Signature)

(FOR OFFICE USE ONLY)

Mr. / Ms	has been selected
/ wait- listed for taking admission into	
ACADEMIC SECTION I/C	ACADEMIC CO-ORDINATOR
ADMISSION AND COURS	SE FEE 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