



### SCHOOL OF BIOTECH SCIENCES

Trident Technoplex, Plot No. F2/B, Chandaka Industrial Estate  
Infocity Area, Bhubaneswar – 751024, Phone: (0674) 6649005,6538419, Fax-0674-6649004

## APPLICATION FORM

OFFICIAL USE ONLY

FORM NO : \_\_\_\_\_

DATE : \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGN. OF OFFICIAL :

COURSE APPLIED FOR (PLEASE v)

1.B.Sc. (BIOTECHNOLOGY)

2.M.Sc. (BIOTECHNOLOGY)

3.M.Sc. (APPLIED MICROBIOLOGY)

(Affix your  
colour photo signing it  
across the border on  
form and photo)

01. Name (Block Capitals) : \_\_\_\_\_

02. Father's / Guardian's Name : \_\_\_\_\_

03. Mother's Name : \_\_\_\_\_

04. Date Of Birth : YYYY / MM / DD Gender (Please v) FEMALE  MALE

05. Nationality : \_\_\_\_\_ Religion \_\_\_\_\_

06. Category : GEN  OBC  SC  ST

07. WhatsApp No if any : \_\_\_\_\_ Contact No if any \_\_\_\_\_

08. AADHAAR No. : \_\_\_\_\_ Mobile No. Self \_\_\_\_\_

09. E-mail Id. : \_\_\_\_\_

10. Educational Details

Course	Institutions	Board/ University	Year of Passing	Aggregate % Of Marks	Subject

11. Correspondence Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
PIN CODE \_\_\_\_\_

Telephone Numbers (Include STD)  
Home \_\_\_\_\_  
Other \_\_\_\_\_  
Mobile \_\_\_\_\_

12. Permanent Address (If different from correspondence address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
PIN CODE \_\_\_\_\_

Telephone Numbers (Include STD)	
Home	_____
Other	_____
Mobile	_____

13. Family Details		
Father's Name		
Occupation		Annual Income:
Mobile No.		
Mother's Name		
Occupation		Annual Income:
Mobile No.		

14. Chronical Disease if any: \_\_\_\_\_ Blood Group \_\_\_\_\_

15. Whether Hostel Accommodation is required (please✓) : Yes  No

16. Whether Transport Facility required (please✓) : Yes  No

17. Document details

Sl.No	Name of the document	Xerox/ Original Attached (yes / no)	Sign. Of Officials
1.	10th Certificate		
2.	12th / +2 Certificate		
3.	+3 Certificate		
4.	CLC/ SLC		
5.	Conduct Certificate		
6.	Migration Certificate		
7.	Aadhaar Card		
8.	Passport size Photo		

18. Payment Details towards Application fee (Rs. 200/-)

DD/Cash Receipt No. \_\_\_\_\_ Date: \_\_\_\_\_

19. Declaration:

I hereby certify that the information given in the Application (All relevant Forms) is complete & accurate. I understand & agree that misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission or expulsion.

Signature of Applicant

Signature of Parent/Guardian

Date:

Place: