



FOR OFFICE USE
Not to be filled in by the candidate
UTKAL UNIVERSITY

Education for All

Verified all particulars

Roll Number

Dated Signature of Authorised Official

(To be assigned by the University)

(College/Department level)

PARTICULARS TO BE FILLED IN BY THE CANDIDATE IN OWN HANDWRITING

Utkal University Regd. No. _____ of 20 _____ Whole/Part-II/Part-I/ _____

DDCE Enrolment No. _____

**MASTER OF ARTS (TRADITIONAL) EXAMINATION OF
 ORY/HIST/POL.SC./SANS/EDN/ENG/PUB.ADMN./20.....**

1. Name (To be written in block letters)

(In English)

.....

(In Oriya)

2. Name and Address of (both) Father

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Guardian

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3. Permanent Address

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4. Nationality

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5. a) Whether the candidate belongs to
 Scheduled Caste/Scheduled Tribe(Name of
 the Caste or Tribe should be mentioned)

b) Whether Male or Female

6. Date of Birth (In Christian Era) : (In Figures)

(In Words)

7. Year of Passing the Matriculation Examination

8. Year of Graduation(Mention the Faculty of

Arts/Science/Commerce or otherwise)

Year

Faculty

9. Session of Admission in P.G. Course

i) Name of the College

ii) Admission Session 20

10. Name of the Centre where to be examined **DDCE, UTKAL UNIVERSITY**
11. Subject and Papers to be offered
- a) Name of the Subject
- b) Whether he/she wants to appear in the Whole Part-I Paper
 Examination or any part thereto (In case of repeat Part-II
 mention the name of Papers also) Whole
- c) If Whole or Part-II mention the name of Paper-VII(Group)
 Special Paper. Paper-VIII (Group)
12. The Year, Month and Roll Number of passing the Part- I, Examination (in case of appearing) Roll Number
 Part -II, Examination. Month Year
13. The Year, Month and Roll No. of Previous appearance in case Repeating (after passing)
- Part-I Roll Number Roll No..... Month..... Year.....
- Part-II Roll Number Roll No..... Month..... Year.....
- Whole Roll Number Roll No..... Month..... Year.....

14. I hereby undertake to abide by the decision of the University in regard to my results in case it is found later that my admission is irregular. I, further, agree that the Orissa Conduct of Examination Act-2 of 1988 is applicable to me for this examination and I will use **Royal Blue Ink** in all my answer scripts.

Signature of the candidate(In Full)
Present Address

Date

Phone No. with STD Code -

CERTIFICATE

I certify that the above mentioned name has satisfied me by the production of his/her diploma that he/she has passed the BA/ B.Sc./B.Com. Examination 20..... that he/she has diligently and regularly prosecuted his/her studies : that his/her conduct has been good : that he/she signed the above application in my presence or before that of a person duly authorised by me in this behalf : that I know nothing against his/her character : that the statement mentioned above is to be true and for any irregularity found later on I shall be held responsible for the same.

Date

DIRECTOR
DDCE, UTKAL UNIVERSITY

INSTRUCTIONS

1. No applications shall be entertained unless it is properly filled in all columns and submitted along with necessary documents in conformity with the Regulations and instructions of the University.
2. No candidate shall be allowed to offer any course unit Subject or paper other than those mentioned in this application, provide the candidate is eligible under the Regulations to offer such Subject or paper.
3. No application for admission to the examinations shall be entertained after the due date.
4. **FEES PAYABLE** : As per notification.