

Mobile No.:

Class Roll No.

## DHARANIDHAR UNIVERSITY, KEONJHAR

### FORM OF APPLICATION FOR POST GRADUATE EXAMINATION (SFC)

*(Particulars to be filed by the Candidates in his/her own handwriting)*

IMBA / MFC / PMIR Part -I Part - II

Sem-I	Sem-II	Sem-III	Sem-IV	Sem-V	Sem-VI	Sem-VII	Sem-VIII	Sem-IX	Sem-X	

Examination

Regular / improvement

Subject

Year

Examination Roll No.   
(if allotted earlier)

Registration Receipt No.   
(North Orissa University only)

1. Name   
(in block letters exactly as per the High School Certificate. Leave one space between words)

2. Category (Put a tick mark) W  SC  ST  Blind   
in the appropriate box/boxes

3. Date of Birth (as recorded in HSC of equivalent Examination) Day  Month  Year

4. Year and month of Admission to PG (SFC) 1st Year

5. Whether the candidate has appeared the said Examination earlier. Yes  No  Year   
(If yes mention Year in which appeared)

6. Name of the Father / Guardian

Annual Income	Name	Annual Income
Father	<input type="text"/>	<input type="text"/>
Mother	<input type="text"/>	<input type="text"/>

8. Permanent Address

9. Subject and Papers in which he/she desires to be examined.  
(Strike out which is not applicable)

P.G./SFC (IMBA/MFC/PMIR)							
Semester-I	Semester-II	Semester-III	Semester-IV	Semester-VII	Semester-VIII	Semester-IX	Semester-X
Paper 101	Paper 201	Paper 301	Paper 401	Paper 701	Paper 801	Paper 901	Paper 1001
Paper 102	Paper 202	Paper 302	Paper 402	Paper 702	Paper 802	Paper 902	Paper 1003
Paper 103	Paper 203	Paper 303	Paper 403	Paper 703	Paper 803	Paper 903	Paper 1004
Paper 104	Paper 204	Paper 304	Paper 404	Paper 704	Paper 804	Paper 904	Paper 1003
Paper 105	Paper 205	Paper 305	Paper 405	Paper 705	Paper 805	Paper 905	Paper 1004
Paper 106	Paper 206	Paper 306	Paper 406	Paper 706	Paper 806	Paper 906	Paper 1003
Paper 107	Paper 207	Paper 307	Paper 407	Paper 707	Paper 807	Paper 907	Paper 1004

10. Present Address for correspondence

Date

**Full Signature of the Candidate**

**FOR CASH COUNTER**

Amount collected Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) only  
Vide Receipt No. \_\_\_\_\_ Dated \_\_\_\_\_  

**Dealing Assistant**

