

OJEE – 2016
(Application Form)

Paste
Passport
Size Photo

APPLICANT'S NAME* :
(AS IN 10TH STANDARD CERTIFICATE)

MOTHER'S NAME* :

FATHER'S NAME* :

APPLYING FOR THE COURSE* : PHARMACY / PHARMACY AND BAMS & BHMS

QUALIFYING EXAMINATION PASSED / APPEARED* : +2 science/ Other examinations equivalent to +2 science

YEAR OF (PASS/APPEARING) QUALIFYING EXAMINATION* :

BOARD / UNIVERSITY OF QUALIFYING EXAMINATION* : CHSE /CBSE/ ICSE/ OTHER BOARD

PERCENTAGE OF MARKS IN QUALIFYING EXAMINATION:

DOMICILE * : Odisha state(s) /Outside odisha state (zz) / OL-Odias belonging to outlying odia speaking tracts/ NRI

CATEGORY* : GEN/SC/ST

SUB CATEGORY: Green card (GC)/ Physically Challenged (PC)

NATIONALITY* :

MOTHER TONGUE* :

DATE OF BIRTH (DD/MM/YY)(AS IN 10TH STANDARD CERTIFICATE)* :

GENDER* : Male/ Female

PARENTS' TOTAL ANNUAL INCOME* : Less or equal to 4.5lakh/ more than 4.5lakh

CHOICE OF EXAM CENTRE (any three)* : put(✓) mark

Angul/Balasore/Baripada/Bhabanipatna/**Berhampur**/Bhubaneswar/Bhadrak/Bolangir/Cuttack/Dhenkanal/
Jagatsinghpur/Jeypore/Kendrapara/Keonjhar/Phulbani/Puri/Rayagada/Rourkela/Sambalpur/Sarang.

EMAIL ID * :

LAND PHONE NO. INCLUDING STD CODE (IF ANY):

ENTER 10 DIGITS OF MOBILE NUMBER ONLY* :

ADDRESS FOR COMMUNICATION:-

PLOT NO:

HOUSE NO:

VILLAGE / TOWN* :

CITY

POST OFFICE* :

DISTRICT* :

STATE* :

PIN CODE* :

* I hereby declare that the information given by me is true to the best of my knowledge



LEFT HAND THUMB IMPRESSION



Full Signature of the Applicant