



**ADMISSION FORM**



**Center Name: -DICE CHANDRASEKHAR PUR, BBSR**

**Center Address:-163, DISTRICT CENTER, CHNDRASEKAR PUR, BESIDES BPCL PETROL PUMP, BHUBANESWSAR-751016**

1. Admission Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Name of the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Student’s Father Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Student’s Mother Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Date of Birth (DD/MM/YY): / /**
2. **Category: (Write General, SC,ST,OBC): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Student’s Cell No: , Guardian No:\_**
4. **Emailaddres:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Address:**
6. Signature of the office Staff Signature of the Student