

Gandhi Institute of Sciences, Gunupur, Odisha

Application form for Admission

Please fill in the details in Block letters only. Please submit the application form along with

- Photocopies of mark sheets
- Demand Draft of Rs. 200/- (Two Hundreds only) for M.Sc courses and Rs. 500/- (Five Hundreds only) for B.Sc Agriculture in favour of "GIBS, Gunupur" payable at SBI, Gunupur (Code 1090).

SEND TO : **Gandhi Inst. of Science, GIET ~ Campus, Gunupur-765 022, Rayagada, Orissa, India**
For more queries please call at +91 8895771451, 9438317020, 9437771065, 9437152813

Please paste a recent passport size photograph. Dont staple

Courses to which applying for : **M.Sc Biotechnology** **M.Sc Life Sciences** **M.Sc Math**
 M.Sc Chemistry **M.Sc Physics** **B.Sc (Hons) Agriculture**

PERSONAL INFORMATION

Full Name
Surname First Name Middle Name Fathers' Name

Sex Male Female **Date of Birth** **Place of Birth** **Age**
Day Month Year

Category General SC ST OBC Women
Nationality **Religion** **Mother Tongue**

Current Mailing Address

Permanent Address

State : Pincode Ph.No.

State : Pincode Ph.No.

Email Address **Mobile No.**

Any ailment or continuing health problem : Yes No (If yes please specify) **Blood Group**

Are you involved in any court proceedings Yes No (If yes brief outline)

Whether you have passport or not: Yes No If yes mention passport no. and validity

Whether Hostel accomodation is required Yes No

Contd...

EDUCATION DETAILS

COURSE	SCHOOL/COLLEGE	UNIVERSITY / BOARD, LOCATION	SUBJECTS STUDIED	MONTH AND YEAR OF PASSING	PERCENTAGE OF MARKS
10TH STANDARD					
12TH STANDARD OR 10 +2					
DEGREE OR 10 +3					

FAMILY DETAILS

Father's Name	<input type="text"/>	Occupation	<input type="text"/>	Approx. Annual income	<input type="text"/>
Mother's Name	<input type="text"/>	Occupation	<input type="text"/>	Approx. Annual income	<input type="text"/>

LOCAL GUARDIAN

Full Name	<input type="text"/>	Relation	<input type="text"/>	Phone Number	<input type="text"/>
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DECLARATION

I submit myself to the jurisdiction of the authorities of GIBS, Gunupur and declare that I shall abide by its rules and regulations. I hereby declare that all particulars stated by me in this application and appendices are true. In the event of my being found as having given incorrect information GIBS hold the right to cancel my application.

Full signature of the parent / guardian

Place

Date

Full signature of the candidate

Place

Date

FOR OFFICE USE ONLY (Do not write in this area)

ADMISSION DATE :

CATEGORY:

ROLL NUMBER