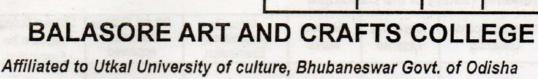
Form No. MVA BVA

VOCATIONAL



Council of Higher secondary Education, Odisha KALAKHETRA, O.T.ROAD, BALASORE

Website: www.kalakshetrabls.org.,E-mail: balasoreart.craftscollege1994@gmail.com

## APPLICATION FORM FOR ADMISSION

Signature of the Applicant

1.	NAME OF THE APPLICANT (Surname First with Block Letters)								
2.	(a) RELIGION		(b) SEX: Male Female (Put tick mark)						
	(c) NATIONALITY :	3. July 12. 12. 12. 12. 12. 12. 12. 12. 12. 12.	.(d) Married Unmarried						
3.	DATE OF BIRTH (As recorded in High School Certificate)								
	in figure(in words)								
4.	FATHER'S NAME :								
5.	MOTHER'S NAME.								
6.	GUARDIAN'S NAME.								
	(Both Father's & Guardians name shall be given if father is not alive)								
7.	OCCUPATION OF THE FATHER / GUARDIAN :								
8.	HOME ADDRESS (Permanent):								
	Village :Post Office :								
			District: District:						
9.	PRESENT POSTAL		espaja entra de pasti ya nekalen 12 pingiba. Isa est ment heldren disalperatus singg va						
	Village:Post Office:								
	and he as be made in		District:						
10.	Mobile No.: Email:								
	Adhar No.:	Adhar No.: Bank A/C No.:							
11.	Whether SC/ ST/SEBC/OBC : If yes								
	( Cast certificate form the competent authority must be attached ) if not applicable put a cross.								
12.	Physical Deficiencies or Disabilities , If any Yes No								
		m the C.D.M.O. should be attached	ed)						

Class	Name of Board/ University	Total Marks Obtained	Maximum Marks	Annual or Supplimentary Examination	School College from which appeared	Optional Subject offered in the Examination	Year of Passing	
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on-cor	mpliance of the	same.	*	Hamil	*			
			Signature of the Applicant					
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	re of the Parent		1		Serial De	re of the Appli		

Academic History of the Candidate

13.