



ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR

APPLICATION FORM FOR STUDENTS REGISTRATION

(Approved in the Academic Council & Executive Board on 16.10.2023 & 18.10.2023)

Affix 2 Nos.
Stamp Size
B/W Photograph

1. Name of the Student (in Capital)

2. Father's name in full (in Capital)

3. Mother's name in full (in Capital)

4. Faculty 5. Course with Branch if any

6. Name of the College

7. Academic Session 8. Date of Admission

9. Qualifying Examination Passed

10. Name of the College where qualifying exam passed

11. Admission Category (NEET/Others; Specify)

12. Date of Birth 13. Nationality 14. Sex

15. Category (Gen/OBC/SC/ST/Minority)

16. Aadhar No. for Digi locker

17. Home Address in Full

18. Regd. Mobile Number

19. Particulars of Fees:

Signature of the Applicant

RECOMMENDATION OF THE PRINCIPAL / HEAD OF THE INSTITUTION

Verified and authenticated.

Memo No.....

Date.....

Signature of the Principal/Head of the Institution
with Office Seal

FOR OFFICE USE ONLY

Particulars verified and found correct. Registration may be allowed.

Registration Fee:

Regn. No.

2

College Code:

Section Head

Registrar

(Applicable for candidates provisionally admitted at College/Institution level only)