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SPACE FOR PHOTOGRAPH

Regular CENTURION UNIVERSITY OF TECHNOLOGY AND MANAGEMENT, ODISHA ADMISSION FORM: 20___ - 20 1. Applicant's Name 2. Applicant's Mobile No.: Passport No. Father's Name Father's Occupation: Mobile No. Mother's Name Mother's Occupation: Mobile No. Guardian's Name 5. Mobile No. Female Date of Birth 6. Sex (Put Mark) Place of Birth 7. State: Hobbies Blood Group 8. CORRESPONDENCE ADDRESS PERMANENT ADDRESS AT AT PO PO VIA VIA City. City. Country: Country: PIN PIN Nationality 10. Religion: 11. Mother Tongue: ACADEMIC QUALIFICATION: Exam Passed Name of Board/University Class Year % of Marks

DECLARATION BY THE APPLICANT

I hereby solemnly declare that all the particulars given in this form are true to the best of my knowledge and belief. I shall abide by the rules and regulations laid down by the college from time to time. In case the particulars furnished by me are found false, my admission stands cancelled.

PLACE:

DATE :

Signature of the Applicant