

NAME OF THE APPLICANT:

CAF NO.:

1. CAF APPLICATION FORM



Common Application Form

For Admission to Diploma (2021-22)
Directorate of Technical Education & Training, Odisha
Sunday, 04-Jul-2021 2:21:46 PM



Your Application is not Validated. Please Submit it at Nearest NCC on or before scheduled date.

Applicant Details

Course Details		Diploma in Engineering Only		
Applicant's Name		Suresh Kumar Mohanty		
Father's Name		Narendra Mohanty		
Mother's Name		Seema Mohanty		
Blood Group	B+	Gender	MALE	
Religion	HINDU	Date of Birth	25-Jun-1990	
Aadhaar Number	99999999999			
Do you belong to Building & Other Construction Workers (BOC) beneficiary?		No	BOC Registration No.	NA

Address for Correspondence

State	Odisha	District	Khurda	Block/ULB	Bhubaneswar (MC)
House No., Street/Village, Post Office Name	Plot No - 1096 Laxmasagar, upar sab				
Pin Code	751006	Mobile	9439245	Alternate Mobile No.	NA
E-Mail	jshubhisa@gmail.com				

10th Examination Details

Exam Name	10th	Board/Council Name	BSE, Odisha		
Board Exam Name	High School Certificate Examination				
Exam Type	Annual	Year Passed	2021	Roll Number	555ma552
Maximum Mark	100.00	Secure Mark	240.00		
Have you passed the Examination Completely?	No		Mark Secured in First Attempt	-	

SLR	Subject	Maximum Mark	Secure Mark	Compartment	Mark Secured in first attempt	Percentage
1	English	100	40	No		40.00
2		100	40	No		40.00
3	Science	100	40	No		40.00
4	Mathematics	100	40	No		40.00
5	Sanskrit	100	40	No		40.00
6	Drawing	100	40	No		40.00

Domicile

Are you Odisha State Applicant (S)? Yes No

Are you Outside Odisha State Applicant (Z)? Yes No

Are you Odia Living in outlying Odia Speaking Tracts (L)? Yes No

Reservation Details (Reservation is applicable only for "S" domicile Applicants)

Category	BC	Caste Certificate Barcode Number/Misc. CCN	999999999999999		
Green Card (GC)	Yes	Physically Challenged(PC)	Yes	Children/Wards of Ex-servicemen (ES)	NA
Sports	Yes	National Cadet Corps (NCC)	B		

Other Information

Nationality	Indian	Annual Income	Upto 2.5 lakh
TFW Scheme	Yes	Income Certificate Barcode Number/Misc. CCN	999999999999999

Enclosures (Certified True Copy of the following documents must be enclosed along with the CAF)

Sr#	Documents
1	HSC Mark Sheets- cum- Provisional Certificate (or equivalent Board).
2	Schedule Tribe (ST) / Schedule Caste (SC) certificates from revenue officer not below rank of Tahasildar / Additional Tahasildar.
3	Sports Certificate issued/countersigned by the Director of Sports & Youth Services, Odisha or by the competent authority as declared by the Govt.
4	NCC certificate (A, E or C) from appropriate authority.
5	Green Card of parent issued by concerned CDMO.
6	Certificate in Form-II from the competent authority for reservation under Ex-Servicemen quota.
7	Physically Challenged Certificate from CDMO/ Competent Authority.

2. FINAL ALLOTMENT LETTER

[On the letterhead of Builder]

Provisional Allotment Letter

Dated: _____

To

Sub.: Provisional Allotment Letter

This provisional allotment letter has reference to your application dated _____. In reference to the same, we _____ are pleased to allot you residential plot ("Plot") bearing plot no. _____, measuring _____ Sq. Ft. / Sq. Yds. in _____ (Write name of the society) situated at _____ on a provisional basis.

This provisional allotment of Plot shall be confirmed on receipt of the Total Price of the Plot as per the payment plan opted by you and also on the fulfilment of terms and condition as detailed in the Builder Buyer Agreement which will be executed after receipt of 25% of the Total Price of the Plot, the terms & conditions of which shall be final and binding on you as to sale of the Plot.

We understand that the payment plan opted by you is as follows:

Kindly note that Akhil Bhartiya Suraksha Awas Yojna has been conceptualized by IPAN Real Estate Private Limited. We are committed to build and develop Suraksha Enclave Townships at _____ strictly as per Akhil Bhartiya Suraksha Awas Yojna (with certain mandatory deviations).

You are requested to initiate all communications / queries with regard to your Plot in Suraksha Enclave Townships at _____ with us through email at _____, or telephone at _____.

Sincerely,

_____ (Image signatures of the Authorised Signatory)

(Authorised Signatory)

3. SLIP OF PART ADMISSION FEE DEPOSITED ONLINE

भुगतान का विवरण (Transaction Details)	
आवेदन क्रमांक/Application ID	1190053234725
लेन-देन आईडी/Transaction ID	19062849100123422010
आवेदन शुल्क/Application Fee	₹ 1364
कुल देय शुल्क/Total Amount	₹ 1364

Candidate Basic Details (Filled by Candidate at the time of Registration.)	
आवेदक का पूरा नाम/Candidate's Full Name	ABHIRAM K JAIN
माता का नाम/Mother's Name	MAYA
आवेदन क्रमांक/Application No.	1190053234725
पिता का नाम/Father's Name	SUBHASH

	<p>सतपुड़ा भवन, पांचवी मंजिल, भोपाल -462004, (मप्र) ऑनलाइन प्रवेश/Online Admission 2019-20 Fee Receipt Cum Provisional Admission Slip (UG) Course [First Round]</p>	
<p>Version - 1</p>  <p>QR Scan to verify</p>		

4. CLC, CONDUCT FOR HSC/ MIGRATION

केन्द्रीय माध्यमिक शिक्षा बोर्ड
CENTRAL BOARD OF SECONDARY EDUCATION

क्रम सं. प्रवास S.No.Mig/2015/ 0993 [REDACTED]

(60794E)

प्रवास प्रमाण पत्र
MIGRATION CERTIFICATE

प्रमाणित किया जाता है कि
This is to certify that
अनुक्रम सं. Roll No. 26 [REDACTED]
[REDACTED] / आत्मजा श्रीमती
[REDACTED] / Daughter of Smt. [REDACTED]
एवं श्री [REDACTED]
and [REDACTED]

MAHARISHI MEINHIEN PUB SCH ASSANDH DT KARNAL HRY
के छात्र जो कि बोर्ड द्वारा मान्यता प्राप्त है ने बोर्ड की
an institution affiliated with the Board has been registered in the

परिषद के लिए पंजीकृत है
of the Board

उसके द्वारा किसी भी मान्यता प्राप्त महाविद्यालय / संस्था में प्रवेश करने अथवा विधि द्वारा मान्य किसी भी विश्वविद्यालय
या अन्य बोर्ड की परीक्षा देने में बोर्ड को कोई आपत्ति नहीं है।
This Board has no objection in his/her joining any recognised College/Institute or taking examination of any University
or Board established by law.

दिल्ली
Delhi
दिनांक
Dated 09.03.2015

सहायक सचिव
Asstt. Secretary

[Signature]

5. AADHAR CARD

Government of India

Name (regional language)
Name (English)

DOB: DD/MM/YYYY

Gender (Regional and English)

QR Code

XXXX XXXX XXXX

Unique Identification Authority of India

Address in regional language and in English

XXXX XXXX XXXX

6. HSC MARKSHEET AND CERTIFICATE

ROLL NO. 58TC092 CERT. NO. A106.130368 SERIAL NO. M 1942241

Board of Secondary Education, Orissa

HIGH SCHOOL CERTIFICATE EXAMINATION (Regular/Ex-Regular)

I certify that _____ Son/Daughter
of _____ and _____
(Mother) (Father)
born on _____ passed the High School
Certificate Examination held in the month of _____
from _____
and was placed in the _____ THIRD _____ Division

SUBJECTS OF EXAMINATION

1. ORIYA	4. MATHEMATICS (MTA & MTG)
2. ENGLISH	5. SCIENCE (SCF & SCL)
3. SANSKRIT	6. SOCIAL SCIENCE (SSH & SSG)
WORK EXPERIENCE	ART EDUCATION
GRADE - B	HEALTH & PHYSICAL EDUCATION




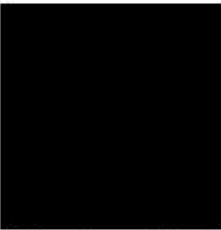


15TH NOVEMBER 2007

9.12.07
HEADMASTER

Presenta Karmar Samal

SAMPLE

7. RESIDENT/CASTE/INCOME CERTIFICATE

 1033001/1262597					
GOVERNMENT OF ODISHA					
Office of the Tahasildar, Chandballi. Miscellaneous Certificate Case No: e-SEB/4106 of 2017					
ANNEXURE-'C' FORM OF CASTE CERTIFICATE FOR SOCIALLY AND EDUCATIONALLY BACKWARD CLASSES OF THE STATE					
<p>This is to certify that Shri [REDACTED] Son of [REDACTED] of village [REDACTED] District [REDACTED] in the State of Odisha belongs to the [REDACTED] community which is recognized as a Socially and Educationally Backward Class under the Government of Odisha, Department of Tribal Welfare Resolution No. 25455 Emp. (VII)-M-23/93 dated [REDACTED] published in Odisha Gazette(Supplement) No.40 dated 1-10-93.</p>					
<p>Shri [REDACTED] and he/his family ordinarily reside(s) in the [REDACTED] District of the State Odisha.</p>					
<p>This is also to certify that he does not belongs to the persons/sections (Creamy layer) mentioned in column 3 of the schedule appended to the office memorandum No.4030/ dated 29-1-1992, EMP (VII)92-93.</p>					
<p>This certificate is being granted only for the purpose of HIGHER STUDY AND SERVICE.</p>					
					
Signature of the Applicant		Signature of the Revenue Officer Date : 16-10-2017			
NOTE :					
<ul style="list-style-type: none">- It is a digitally signed electronically generated certificate and therefore needs no ink-signed signature.- This certificate is issued as per section 4, 5&6 of Information Technology Act 2000, and its subsequent amendments in 2008 and as per S.T & S.C Development, Minorities & Backward Classes Welfare Department notification number 1388/OBC(MW)-71/2012,dated 12.09.2012.- For any query or verification, Agency/Department/Office may visit http://www.edistrictodisha.gov.in.- Tampering of this certificate will attract penal action.					

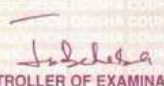
8. ITI/PLUS 2 MARKSHEET AND CERTIFICATE

SERIAL NO. 339828

COUNCIL OF HIGHER SECONDARY EDUCATION, ODISHA
BHUBANESWAR

MEMORANDUM OF MARKS
HIGHER SECONDARY EXAMINATION

THIS IS TO CERTIFY THAT **GOURI SHANKAR GIRI**
SON/ DAUGHTER OF **RAMACHANDRA GIRI/CHARANA GIRI**
OF **SAHID MEMORIAL COLLEGE, Bhubaneswar** HAS PASSED
THE **ANNUAL EXAMINATION** AND IS PLACED IN **FIRST** DIVISION
THE SUBJECTS IN WHICH THE CANDIDATE WAS EXAMINED AND MARKS OBTAINED ARE AS UNDER:

ROLL NO.	REGN. NO.	STREAM
145KA010	KA45A011	ARTS (REGULAR)
SUBJECTS	MARKS	MARKS OBTAINED
ENGLISH	100	50 ZERO FIVE ZERO
MIL SANSKRIT	100	43 ZERO FOUR THREE
SOCIOLOGY	100	60 ZERO SIX ZERO
EDUCATION	70	56 ZERO FIVE SIX
EDUCATION (PRACTICAL)	30	26 ZERO TWO SIX
LOGIC	100	91 ZERO NINE ONE
OPPORTUNITY	100	65 ZERO SIX FIVE
ENVIRONMENTAL EDUCATION =A		
YOGA = A		
BASIC COMPUTER EDU =A		
GRAND TOTAL		IN FIGURES 391
IN WORDS (THREE NINE ONE)		
PASS MARKS	DIVISION	
- Theory 30%	- First 60%	
- Practicals 40%	- Second 50%	
- Aggregate 35%	- Third 35%	
 HEAD OF INSTITUTE Principal,		 CONTROLLER OF EXAMINATIONS
DATE OF PUBLICATION: 29-MAY-2013		
Memorial College Manika, Mayurbhanj		

9. EWS CERTIFICATE (FOR EWS CANDIDATES)

7

Annexure-I

Government of
(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____ Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____ Village/Street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her family*** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____
Name _____
Designation _____

Recent Passport size attested photograph of the applicant

*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/bities have been clubbed while applying the land or property holding test to determine EWS status.

G. Prasad

10. GREEN CARD (FOR GREEN CARD CANDIDATES)

11. NCC CERTIFICATE (FOR NCC APPLICANTS)

राष्ट्रीय कैडेट कोर
 NATIONAL CADET CORPS





(ST...)
Gp C...
Commanding Officer
5 UP Air Sqn NCC Lucknow

प्रमाण - पत्र 'सी'
CERTIFICATE 'C'

सं० No. UPSA/13/236658 रैंक Rank LFC
 नाम सोनु मिश्रा सुपुत्र/सुपुत्री जय वल्ल मिश्रा
 Name SONU MISHRA Son/Daughter of JAI DUTT MISHRA
 यूनिट Unit 5 UP AIR SQN NCC जन्म तिथि Date of Birth 12-08-1993
 राष्ट्रीय कैडेट कोर निदेशालय NCC Directorate UTTAR PRADESH

प्रमाणित किया जाता है कि ऊपर लिखित कैडेट ने रक्षा मंत्रालय, भारत सरकार के प्राधिकार के अधीन सन् 20. 16 में हुई प्रमाण पत्र 'सी' परीक्षा..... 'सी' श्रेणी में पास कर ली है।

This is to certify that the above mentioned Cadet has passed the Certificate Examination in..... 'BEE'..... Grade held in 20 16 under the authority of Ministry of Defence, Government of India.

क्र० सं० Ser. No. UP/CCast/Air/16/4099
 स्थान Place LUCKNOW
 दिनांक Date 20 Jun 16

(एस एस मायक)
(S S MAM...)
मेजर जनरल/Brig Gen
अपर महानिदेशक/Addl Dir Gen
उप-महानिदेशक, राष्ट्रीय कैडेट कोर
Lucknow-226 001
Dy. Director General, National Cadet Corps.

12. B.O.C. CERTIFICATE (FOR B.O.C. APPLICANTS)

13. ORIGINAL SPORTS CERTIFICATE (FOR SPORTS CANDIDATES)



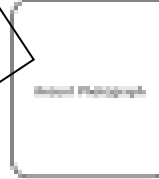
14.FILLED IN FORM FOR HOSTEL ADMISSION

Application Form for Admission Hostel for B.A. (Arts) Students
 "Mangalika", CP-237(A/1), Sector-4, Salt Lake, Kolkata - 700094

1. Applicant's Name (in CAPITAL Letter) : _____
2. Father's Name : _____
3. Present Address : _____

4. Permanent Address : _____

5. Sex-Caste : _____
6. Date of Birth : _____
7. Educational Qualification : _____



Sl. No.	Examination Passed	School / College / University	Division	Marks Obtained	Percentage
a)					
b)					
c)					
d)					

8. Name of the College / University where admitted:

Session	Year	Date of Admission	Roll No.	Section	Subject

9. (a) Local Guardian's Name : _____
- (b) Nature of Relation : _____
- (c) Address : _____
- (d) Contact No. : _____
10. Duration of Course : _____
11. Distance from Institution to residence : _____
12. Special reasons for admission (if any) : _____
13. Local guardian's undertaking to be submitted in person before the concerned PO-cum-DWO / DWO, BCW.

I shall abide by the rules and regulations of the hostel. I do not hold any appointment. In the event of being employed anywhere, I shall vacate my seat and leave the hostel. I am not associated with any subversive activities or any movement against Government. I shall leave the hostel immediately after completion of my final examination.

Dated: _____

 Signature of Local Guardian Signature of Father/Guardian Signature of the Student (in full)

15.FILLED IN FORM FOR TRASPORTATION FACILITY



685 Deane Road
 Kelowna, BC V1X 4A4
 Fax: 879-5096

**SCHOOL BUS REGISTRATION FORM
 2012 – 2013**

This form is to be completed for each new or transitioning student applying for school bus transportation as an eligible or courtesy rider. Eligibility is subject to confirmation by the Operations department. An indication of eligibility is available for most addresses at <http://www.sdsd.bc.ca/transportation/>.

Student Legal Name: _____ Student ID Number _____

2011/2012 Grade: _____ 2011/2012 School: _____

2012/2013 Grade: _____ 2012/2013 School: _____

Parent/Guardian Name(s): _____

Daytime Contact Number(s): _____ E-mail: _____

Date: _____ Cellphone E-mail: _____

Home Address: _____

_____ Postal Code _____

Home Phone: _____ Work Phone: _____ Cell: _____

Student Status (Mark as many as apply)

Transferring Student – From Elementary or Middle to Middle or Secondary School

New Student – Eligible or Courtesy (as pre-determined by using Edulog WebQuery at www.sdsd.bc.ca/transportation/).

Student Medical Form (If Applicable)

A current medical alert form has been completed at the school named above for:

- Diabetes Epilepsy
 Anaphylactic Allergy to _____ Other _____

School District 30 School Bus Safety Rules

- We have read and discussed the School Bus Safety Rules and accept the expectations as a condition for school bus transportation. We also understand that video surveillance equipment is used on school buses.

SUBMIT

Once your form has been successfully submitted, you should receive a response from transportation regarding ridership within 10 working days.

16.ANTI-RAGGING PERFORMA



17.INCOME CERTIFICATE

FORM 10C
(See Rule 3)


GOVERNMENT OF KERALA
INCOME CERTIFICATE

No. [REDACTED] Date: [REDACTED]

Certified that the Annual Family Income of the person with the details mentioned below from all source is:

[REDACTED]

Name of Person to whom certificate is issued	[REDACTED]
Gender	[REDACTED]
Age	[REDACTED]
Name of Father	[REDACTED]
Address	[REDACTED]
Post Office with Pin code	[REDACTED]
Name of Localbody	[REDACTED]
Village	[REDACTED]
Taluk	[REDACTED]
District	[REDACTED]
Certificate Issue Date	[REDACTED]
Designation of the Issuing officer	VO
Purpose for which the certificate is issued for	EDUCATIONAL PURPOSE FOR MY [REDACTED]

This certificate is issued based on the details given in the application, local enquiry, facts and records produced.

Security Code : [REDACTED]

Signature Not Verified
Digitally signed by [REDACTED]
Date: [REDACTED]

NOTE:

1. This digitally signed document is legally valid as per the Information Technology (IT) Act, 2000.
2. Authenticity of this document can be verified from <http://edistrict.kerala.gov.in/> and submitting the Certificate Number and Security code. Alternatively, please call the numbers 155300(from BSNL landline), 047 1155300(from BSNL mobile), 047 12335523/04712115094/04712115098(from other networks) and quote the Certificate Number to the operator.