



**UTKAL UNIVERSITY  
VANI VIHAR, BHUBANESWAR-751 004**

Registration No.....

Roll No.....

(To be assigned by the University)

.....Semester

**APPLICATION FORM FOR FIVE-YEAR INTEGRATED M. C. A. EXAMINATION**

The application with fee must reach the Controller of Examinations on or before the prescribed date already notified. A candidate whose application and fee do not reach the Controller of Examinations on or before the date specified, shall not be eligible to sit for the Examination.

PARTICULARS TO BE FILLED IN BY THE CANDIDATE IN OWN HAND

1. Name (To be written in Block Letters)
  - i) In English .....
  - ii) In Oriya .....
2. Name and Address of (both) (a) Father .....
- .....
- .....
- (b) Guardian .....
- .....
- .....
3. Permanent Address .....
- .....
- .....
4. Nationality .....
5. (a) Whether the candidate belongs to SC/ST  
(Name of the caste or tribe should be mentioned) .....
- (b) Whether Male or Female .....
6. Date of Birth (In Christian Era) In Figure.....
- In Words.....
7. Year of passing the Matriculation Examination .....
8. Year and month of passing earlier semester Examination with Roll No.  
(Attach xerox copy of Admit Card & Marksheet) Year.....Faculty.....
9. Whether previously appeared the same Semester Examination Year & Roll No. Year.....Roll No.....
10. Whether he/she appearing the Back/Improvement Examinations. ....
11. Subjects of the Examinations in which he/she desires to be examined.
 

	Theory Paper	Sessionals
i)	i)	i)
ii)	ii)	ii)
iii)	iii)	iii)
iv)	iv)	iv)
v)	v)	v)

12. The Year, Month and Roll No. of passing :-  
 a) First Semester Examination Roll No.....Month.....Year.....  
 b) Second Semester Examination Roll No.....Month.....Year.....
13. Whether promoted to next higher class by previously failing in any subject and if so when— .....
14. Has he/she passed in that/those subject (s) or is appearing in that/those s u b j e c t (s) (Year and month of appearing). .....
15. The year and the month in which he/she appeared previously at the 5th / 6th Semester Examination or Registered his/her name by depositing the fee there for the Roll No. of such Examination shall be given. ....
16. Whether the candidate has secured qualifying marks in sessionals prescribed for the previous Semester Examination. ....

Date.....

*Signature (in full) of the candidate*

*Present Address :*

.....  
.....  
.....

**CERTIFICATE**

I certify that the above mentioned name has satisfied me by the production of his / her diploma; that he/she has passed the Bachelor of.....Examination.....; that he/she has diligently and regularly prosecuted his/her studies; that his/her conduct has been good; that he/she signed the above application in my presence or before that a person duly authorised by me in this behalf; that I know nothing against his/her character; that I believe the subjoined statement to be true and for any irregularity found later on I shall be held responsible for the same.

**Date.....**

***Signature of the Principal***  
*(Seal)*



GRAM : UTKALVIHAR  
UTKAL UNIVERSITY  
VANI VIHAR  
BHUBANESWAR-751004  
ORISSA (INDIA)

