



UTKAL UNIVERSITY

POST-GRADUATE TEACHING DEPARTMENTS
VANI VIHAR, BHUBANESWAR – 751 004

Form Sl. No.

APPLICATION FORM FOR ADMISSION MASTER IN PUBLIC HEALTH

Paste Passport Size
Photograph

ROLL/ INDEX NO.

(FOR OFFICE USE ONLY)

Career Marks		Verifying Officer	
Entrance Test Mark		Admission In-charge	
Total Marks			
Position in the Selection List		Head of the Department	
Recommendation of the Head of the Department			
Roll No.	Date of Admission		

1. The Programme for which the admission is sought.

Programme Name **Master in Public Health**

2. (a) Name of the applicant (in CAPITAL LETTERS, with surname first)

(b) Gender
(Male/Female/Others)

3. (a) Date of Birth (as recorded in the Matriculation certificate)

Date	Month	Year

(b) Nationality

(c) Religion

(d) Mother Tongue

(e) Marital Status

4. Utkal University Registration No. _____ of year _____ (if any)

5. (a) Whether you were admitted/ have passed/ appeared any other Post-Graduate Courses or have completed any Post-Graduate Course, to qualify to sit for annual Examinations. **YES** **NO**

(b) Are you admitted to any Course? **YES** **NO**

If yes, mention the name of the College, University and Course

UNIVERSITY	
COLLEGE	
COURSE	

6. Address for Correspondence: (CAPITAL LETTERS)

Name:-			
Add Line 1			
Add Line 2			
PO:-	Dist.:-	State:-	PIN:-
Mobile:-		WhatsApp No.:-	
Email:-			

7. Details of Academic Carrer:

Examination Passed	Year	Board/ University	Division/ Distinction	Subjects Offered	Details of Marks			Total Career Marks (for Office use)
					Marks Secured	Full Marks	%	
H.S.C. or Equivalent								
+2 Arts/ Science/ Commerce								
+3 Arts/ Science/ Commerce/ B.E./ B.Tech./ Other (Mention)				Hons. Sub.	Hon.			
					Aggregate (excluding ancillary subjects)			
TOTAL								

Please mention clearly if you have secured Distinction in +3 Degree Examination.

N.B.: Attach self-certified copies of marksheets & certificates of all the above-mentioned examinations passed

8. Do you have any criminal antecedents, including police case if any? YES NO
If yes, give details.

9. Details of Fees paid for entrance examination:

Crossed Demand Draft No.	Date	Amount

10. (a) Whether employed? YES NO

(b) If yes, mention the name of the Employer, Institution and Designation

Employer	Institution	Designation

(Attach a certificate of No-objection and service particulars from the competent authority)

11. Parent's Name, Occupation and Address:

Name of Father:-	
Occupation of Father:-	
Address:-	
Phone:-	
WhatsApp:-	
Email:-	

Name of Mother:-	
Occupation of Mother:-	
Address:-	
Phone:-	
WhatsApp:-	
Email:-	

12. Local Guardian's Name, Relationship, Occupation and Address:

Name:-	Relationship:-	Occupation:-
Address:-		
Phone:-		

13. Permanent Address (IN CAPITAL LETTERS)

Name:-			
Add Line 1			
Add Line 2			
PO:-	Dist.:-	State:-	PIN:-
Mobile:-		WhatsApp No.:-	
Email:-			

- N.B.:**
1. The Applicant should go through the Information Bulletin carefully before filling this form. Incomplete application shall be rejected.
 2. Please send the application by registered post with acknowledgment due sufficiently ahead so as to reach the concerned Head of the P. G. DEPARTMENT of UTKAL UNIVERSITY, VANI VIHAR, BHUBANESWAR – 751 004 before the last date of submission of application or deposit in the Box kept in the concerned Department Office.
 3. Except the Index Card, no other acknowledgment will ordinarily be sent or given.
 4. Attach account payee **DEMAND DRAFT of RS. 600/- in favour of A.O., P. G. TEACHING DEPARTMENTS, UTKAL UNIVERSITY**, Payable at any Nationalised Bank in Bhubaneswar for entrance test.
 5. All fees are non-refundable.
 6. Any misinformation found on verification of the original documents, shall lead to cancellation of selection/ admission, if made, and will be considered as a cognisable offence.

DECLARATION

I declare that the particulars furnished in the form are true to the best of my knowledge and I will not take admission in more than one course concurrently nor shall I take up any job (not applicable for part time course) during the course. I agree to abide by the rules of P. G. Departments of the University, if admitted.

Date:

Full Signature of Applicant

ADMIT / INDEX CARD

The undersigned acknowledges the receipt of your application for admission into the **Master in Public Health**.

You have been assigned the **INDEX/Roll No.**

You are required to quote this number always in all your future correspondence regarding admission.

Date of Entrance Examination: 13 / 01 / 2025

Time: 11:00 AM to 11:45 AM

Venue: P. G. Department of History, Utkal University, Vani Vihar, Bhubaneswar, Odisha.

N.B.: The candidate has to report at the venue for appearing the entrance examination at least half an hour before the commencement of Exam.

Paste Passport Size
Photograph

Director/Principal/ Coordinator
Master in Public Health