Common Application Form

Fakir Mohan Autonomous College, Balasore
Academic Session (2026-27)

PG

Index No.

Course applied for (Tick appropriate one)

MTHM		MBA		MBA FM		MPMIR		MSC CS	

Personal Details

Applicant's Name : _____

Father's Name : _____

Mother's Name : _____

Blood Group : _____

Religion : _____ Date of Birth : _____

Gender : _____ AADHAAR No : _____

State of Domicile : _____ APAAR ID : _____

Affix your recent color passport size photograph here

Address for Correspondence

Flat/Building/Village : _____ Block / ULB : _____

District : _____ State : _____

PIN Code : _____ Mobile No. : _____

Whatsapp No. : _____ Alternative Mobile No. : _____

e-Mail : _____ Residence Certificate Barcode : _____

Issuing Authority : _____ Issuing Date : _____

Reservation Details (Tick appropriate one)

SC		ST		SEBC		GENERAL	

Caste certificate No. : _____ Issuing Date : _____

Issuing Authority : _____

PWD		SDP		COM		ESM	

PWD UDID No. : _____

Weightage Details

NCC (B /C Certificate) : _____ NSS Camp : _____

Rover & Ranger : _____ Sports & Games : _____

Educational Qualification

Name of the Examination	Stream	Marks/ CGPA	Board / University	Year of Passing	Roll No.	Max Marks/ CGPA	Secured Marks /CGPA	% Secured
GRADUATION /EQUIVALENT								

Graduation Subjects

Core/Hons/Major : _____ Credit : _____

1st Sem Generic Elective : _____ Credit : _____

2nd Sem Generic Elective : _____ Credit : _____

3rd Sem Generic Elective : _____ Credit : _____

4th Sem Generic Elective : _____ Credit : _____

Bank Account Details

Account Number : _____ Account Holder's Name : _____

IFSC Code : _____ MICR Code : _____

Bank Name : _____ Branch Name : _____

Income details

Father's Occupation : _____ Mother's Occupation : _____

Annual Income of the parents(together) in Rs. : _____ Actual Income : _____

Income Certificate Barcode : _____ To Whom the Certificate is Issued : _____

Issuing Authority : _____ Issuing Date : _____

DECLARATION

I _____, solemnly affirm that the information furnished above is true and correct in all respect to the best of my knowledge and belief. I have not concealed any information. I undertake that if any information herein is found to be incorrect or false, I shall be liable for action as per rules in force.

Date:

Place: Signature of Applicant

.....

Index No.	

ACKNOWLEDGEMENT

Applicant's name : _____

Course applied for : _____

Signature of Receiving Official