



Sl. No.

PILOO MODY COLLEGE OF ARCHITECTURE ABIT GROUP OF INSTITUTIONS

PLOT NO-11/1/A, CDA, SECTOR-1, MARKAT NAGAR, CUTTACK-753014
Ph. (0671) 2363014, 07852933988, 07852933989, 7852933990

FOR OFFICIAL USE ONLY

Application No: Category:

University Registration No: Rank:

1. Course : B. ARCH ☐ M. ARCH ☐

2. Discipline :

3. Name (In Capital Letters) :

Surname	First Name	Middle Name

4. Father's Name :

5. Guardian's Name :
(If Father is not alive)6. Date of Birth : In Figures :
In Words :

7. Nationality : 8. Religion :

9. Mother Tongue : 10. Blood Group :

11. Sex : Male : ☐ Female : ☐

12. Aadhaar Number :

13. Whether belongs to any Reserved Category:
(SC / ST / OBC / PH / GREEN CARD / EX - SERVICEMEN)
(Attach a Certificate from competent authority)

14. Occupation of Father / Guardian :

15. Annual Family Income :

16. Address of Father / Guardian :

CORRESPONDENCE ADDRESS	
NAME	:
C / O	:
AT	:
P.O.:	
DIST	:
PIN	:
PHONE (Father / mother)	:
EMAIL (Father / mother)	:
EMAIL (Student)	:

PERMANENT ADDRESS	
NAME	:
C / O	:
AT	:
P.O.:	
DIST	:
PIN	:

17. Academic Records (Attach attested Xerox copies of certificates and mark sheets) :

Sl. No.	Name of Exam Passed	Board/ University	Year of Passing	Max. Marks	Marks Secured	% of Marks	Subject(s)

Name of the School/College last attended	Address

18. If admitted, I propose to reside (Put Tick Mark in appropriate place)

In Hostel	With my Parent / Guardian	In Private Accommodation

19. I enclose herewith a Demand Draft/ Banker's Cheque / Pay Order bearing No. _____
 _____ Dated _____ for Rs. _____ drawn in favour of ABIT-Piloo
 Mody College of Architecture, Cuttack, towards admission fees.

I hereby declare that the particulars given above are correct and true to the best of my knowledge and belief.

Place :

Date :

Signature of Applicant

DECLARATION

I _____ declare that, I will abide by all the rules and regulations of the Institute after my admission into the said Institute. I extend voluntarily the authority to the management of ABIT, PILOO MODY COLLEGE OF ARCHITECTURE, CUTTACK to take necessary actions in case of any breach of rules, worthy and appropriate for the healthy academic prospects of mine. I also declare that I have gone through the counselling / admission process and have understood the course pattern and am taking admission with my own consent.

 Name of the Father / Guardian

 Name of the Applicant

Signature of the Father / Guardian

Signature of Applicant