



ଫକୀରମୋହନ ସ୍ୱୟଂଶାସିତ ମହାବିଦ୍ୟାଳୟ

# FAKIR MOHAN AUTONOMOUS COLLEGE

Platinum Jubilee of Fakir Mohan College, Balasore

1944-2019



## Application Form for Master in Personnel Management and Industrial Relations (MPMIR) Course

Application Form No.

Roll No.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Affix your self attested (on the front) recent Colour Passport size Photograph here.

01. Applicant's Name :

02. Father's Name :

03. Mother's Name :

04. Guardian's Name :

05. Course Applied for:

|                        |             |     |          |               |       |      |             |               |
|------------------------|-------------|-----|----------|---------------|-------|------|-------------|---------------|
| 06. Personal Details : | Blood Group | Sex | Religion | Date of Birth |       |      | Nationality | Mother Tongue |
|                        |             |     |          | Date          | Month | Year |             |               |
|                        |             |     |          |               |       |      |             |               |

07. Address :

| Correspondence Address                  | Permanent Address                       |
|---|---|
| <input type="text"/>                    | <input type="text"/>                    |
| Phone/WhatsApp No. <input type="text"/> | Phone/WhatsApp No. <input type="text"/> |

08. Category :  ST  SC  OBC  Minorities  General

09. Reservation Details

|  |                          |                                    |                          |
|--|--------------------------|------------------------------------|--------------------------|
| A. Schedule Tribe (ST)                             | <input type="checkbox"/> | E. Ex-serviceman                   | <input type="checkbox"/> |
| B. Schedule Caste (SC)                             | <input type="checkbox"/> | F. Serving Defence Personnel (SDP) | <input type="checkbox"/> |
| C. Physically / Orthopedically Handicapped (PH/OH) | <input type="checkbox"/> | G. Children of Martyrs (CoM)       | <input type="checkbox"/> |
| D. Are you an outside state applicant              | <input type="checkbox"/> | H. Others                          | <input type="checkbox"/> |

**10. Academic Information (from H.S.C. Onwards) :**

| Sl. No. | Name of the Institution | Month & Year of Joining | Month & Year of Passing | Total Gross Mark | Marks Secured | Percentage of Mark | Remarks |
|---------|-------------------------|-------------------------|-------------------------|------------------|---------------|--------------------|---------|
|         |                         |                         |                         |                  |               |                    |         |
|         |                         |                         |                         |                  |               |                    |         |
|         |                         |                         |                         |                  |               |                    |         |

**11. Hostel Seat Required :**    **Yes/No**   

**UNDERTAKING**

I do hereby agree to abide by the rules of the College and/ or Hostel. In the event of any disobedience of the rules as laid down by the Govt. or any authority empowered by them in this regard or should my conduct in the college be found not satisfactory, my name will automatically be removed from the college register. I further state that information furnished by me in this application is true and correct and any information, furnished by me if found incorrect, will render me liable for penal proceedings.

I further undertake that I will not be involved in any ragging activities in the college and hostel premises. I undertake that criminal case will be filed against me if, I indulge in any kind of ragging.

I hereby fully endorse the undertaking made by our child/ward

Submitted by me

**Full Signature of  
Parent / Guardian with Address**

**Full Signature of Applicant**

At : \_\_\_\_\_

Date : \_\_\_\_\_

Post : \_\_\_\_\_

Place : \_\_\_\_\_

PS : \_\_\_\_\_

Aadhar No. : \_\_\_\_\_

Dist : \_\_\_\_\_

E-Mail : \_\_\_\_\_

Pin : \_\_\_\_\_

Phone No. : \_\_\_\_\_

**Index No. :**   

**ACKNOWLEDGEMENT**

Name of the Applicant : \_\_\_\_\_

Subject Applied for : \_\_\_\_\_

*Signature of Receiving Official*