



# APPLICATION FORM

## Institute of Media Studies

(Affiliated to Utkal University)

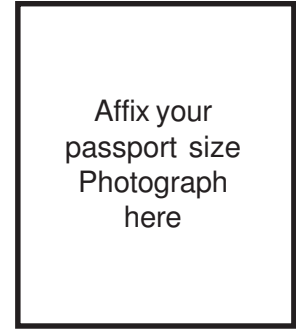
OCHC Complex, Kharvel Nagar, Janpath, Unit-3,  
Bhubaneswar- 751001 (Odisha)

SL. NO. \_\_\_\_\_

ROLL NO. \_\_\_\_\_

Name of the Course in which Admission is sought :  
please tick one

- ♦ Master Degree in Journalism & Mass Communication (MJMC)
- ♦ Master Degree in Social Work (MSW)
- ♦ Master in Commerce (Finance and Control) (M.Com.FC)
- ♦ Master of Arts in Personnel Management and Industrial Relations (MA PMIR)



1. Name : Mr./Mrs./Miss (In Block Letters).....
2. Father's/Guardian's/Husband's Name : .....
3. Date of Birth: ..... Place of Birth : .....
4. Nationality : ..... Religion : .....
5. Marital Status : ..... Mother Tongue : .....
6. Address with Telephone Number:
  - (i) Present .....
  - Pin: .....Phone No.....
  - (ii) Permanent .....
  - Pin: .....Phone No.....
  - E-mail: .....
7. Academic Qualificaiton:

COURSE	UNIVERSITY / BOARD	YEAR OF PASSING	% OF MARKS	SUBJECTS
10th / Equivalent				
+2				
+3				
Other, specify				

(Enclose attested copies of the mark sheet and provisional certificates starting from H.S.C. or equivalent with the application form)

8. Which category you belong to (please enclose adequate proof)

SC                       OBC                       Handicapped   
ST                       General

9. Do you belong to

Working Journalist                       Media Executive                       Social Activist

10. Are you employed?

If yes state-

Name of the Organization : .....

Designation : .....

Address : .....

Year of total experience : .....

11. Are you an entrepreneur / social activist?                      Yes                       No

12. Do you require Hostel Accommodation?                      Yes                       No

13. Other achievements (if any) :  
.....

**14. DECLARATION**

I confirm that the information given in this form is true, complete and accurate and no information requested or other material information has been omitted. I give consent for my personal data to be processed for the purpose of admission.

[FAILURE TO DECLARE ANYTHING RELEVANT, WHICH IS SUBSEQUENTLY DISCOVERED, COULD LEAD TO TERMINATION OF YOUR COURSE.]

*Applicant's Signature*

*Date*

**15. UNDERTAKING**

We give an undertaking that if admitted, we jointly guarantee that the student shall abide by all the rules and regulations of the Institute and pay prescribed fees and field work expenses.

*Signature of Parent/Guardian*

*Signature of Applicant*

Place:.....

Place:.....

Date:.....

Date:.....