

OFFICE OF THE PRINCIPAL,
FAKIR MOHAN AUTONOMOUS COLLEGE, BALASORE

P. O. /DIST. -BALASORE-756 001(ODISHA) INDIA

PH. NO: 06782-262018, FAX:06782-278729, e-mail:fmcollegebalasore@yahoo.com

Website: www.fmcollege.nic.in

No. 1419 /

ADMISSION NOTICE

Dated 31.05.17

Applications in the prescribed format are invited for admission into Four Year Integrated B.Sc. B.Ed & B.A B.Ed for the session 2017-18.

Admission Fees –

Course Fee- Rs. 50,000/- per annum along with annual fees as per the college and University fee structure

Eligibility criteria-

Four Year Integrated BSc. B.Ed-(PCM and CBZ Stream)

- Pass in +2 Science with minimum of 50% marks in the aggregate. The candidate should have the subject combination of either (a) Mathematics, physics and Chemistry or (b) Biology, Physics and Chemistry at +2 Level. Separate Application forms are required for each stream.

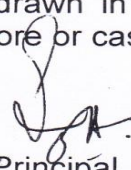
Four Year Integrated B. A B.Ed

- Pass in +2 Arts/Sc/Commerce with minimum of 50% marks in the aggregate
- Pass in +3 Degree Examination Science/Arts with at least 50% marks in the aggregate

Date of Receipt of application Form- 1.6.2017 to 17.6.2017

Time- 11 .00 AM to 2.00 PM (all working days)

How to apply: Application forms can be downloaded from the college website: fmcollege.nic.in. The filled-in application form supported by requisite documents and a demand draft for Rs. 500/- drawn in favour of **Principal, F.M. Auto. College, Balasore** payable at Balasore or cash have to be submitted at the college counter.


Principal, 31/5/17

F.M. Auto.College,Balasore

Memo No 1420 /Date 31.05.17

Copy to all notice board/ all departments/ library for information and necessary action.


Principal, 31/5/17

F.M.Auto.College,Balasore

INDEX NO:

APPLICATION FORM 2017-18
FAKIR MOHAN AUTONOMOUS COLLEGE, BALASORE
(Only for INTEGRATED BA/BSc B.Ed. Course)

Affix self attested
 (on the front)
 recent colour
 passport size
 photograph here

1. Applicant's Name :
2. Father's Name :
3. Mother's Name :
4. Guardian's Name :
(If other than Parents)
5. Course Applied for :

INT BA BEd	INT BSc BEd
	PCM CBZ

6. Personal Details :

Blood Group	Sex	Religion	Date of Birth			Nationality	Mother Tongue
			Date	Month	Year		

7. Address for Correspondence:

Permanent Address:

Phone No: _____

Phone No: _____

8. Category :

SC	ST	OBC	GENERAL

9. Reservation Details :

a.	Schedule Tribe (ST)	
b.	Schedule Caste (SC)	
c.	Physically/ Orthopedically Handicapped (PH/ OH)	
d.	Are you an outside state applicant	
e.	Are you an Odia living in neighboring state (OLNS)	

f.	Ex-Serviceman	
g.	Serving Defence Personnel (SDP)	
h.	Children of Martyrs (CoM)	
i.	Others	

10. Academic Information (From H.S.C. onwards):

Sl. #	Name of the Institution	Month & Year of Joining	Month & Year of Passing	Total Gross Marks	Marks Secured	Percentage of Marks	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 understand that I will forfeit the course fee Rs. 50,000/- (Rupees fifty thousand) only for the 1st year in case I take CLC during the normal admission period. However, I undertake to pay full course fee of Rs.2, 00,000/- if I choose to opt out of the course thereafter i.e. before the completion of course.

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

Submitted by me

Full Signature/ thumb impression of Parent/ Guardian with Address

Full signature of Applicant

At : _____
Po : _____
PS : _____
Dist : _____
Pin : _____
Phone No: _____

Date: _____
Place: _____

Index No:

ACKNOWLEDGEMENT

Name of the Applicant : _____

Subject Applied for : _____

Signature of Receiving Official