

# KALINGA COLLEGE OF ART



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Registration No.

Form No.

For Office Use only.



# KALINGA COLLEGE OF ART

(Affiliated to Utkal University of Culture, Bhubaneswar, Govt. of Odisha)

132, Forest Park, Bhubaneswar  
www.kalingacollegeofart.com



## APPLICATION FORM FOR ADMISSION

I apply for admission to the Kalinga College of Art for the session .....

1. NAME OF THE APPLICANT (Surname First with Block Letters)

.....

2. (a) RELIGION.....(b) Gender- Male  Female  (put tick)

(c) NATIONALITY ..... (d) Marital Status -

3. DATE OF BIRTH (As recorded in High School Certificate)

in figure..... in words .....

4. Whether Scheduled Caste or Scheduled Tribe:

If yes (Certificate from the competent authority must be attached) if not applicable put a cross.

5. FATHER'S NAME: ..... Occupation .....

Email : ..... Mob.....

6. MOTHER'S NAME: ..... Mob .....

7. GUARDIAN'S NAME (if other than father)

8. PERMANENT ADDRESS

At / Plot / Flat No..... Post

.....

Block /Street.....

City.....

State ..... District.....

Pin.....

e-mail..... Phone

10. PRESENT POSTAL ADDRESS

At / Plot / Flat No..... Post.....  
 Block /Street..... City.....  
 State .....District..... Pin.....  
 Email..... Phone No.....

11. Physical Deficiencies or Disabilities, If any Yes  No

12. Academic History of the Candidate

Examination passed	Board/University	School/ College from which appeared	Subjects offered	Marks obtained	Division & Percentage	Year of passing

**UNDERTAKEN**

I ..... an applicant for admission in to the ..... Degree in Visual Art and Crafts class of **Kalinga College of Art** during the session..... do hereby declared that. I hereby agree to abide by the rule and regulation in force and / those may be introduced hereafter of the college and the Hostel attached to it I also hereby undertake that so long as I am student of the college. I shall be nothing inside or outside the college that would directly or indirectly interfere with the orderly governance and discipline should any instant of indiscipline and disobedience of the rule laid down by the Government or any authority empowered by them in this regard or should any condition in College be found not satisfactory my name automatically removed from the college register without assigning any reason thereof.

Signature of the Parents/ Guardian

Signature of the Applicant

Date: .....

Place: .....

