



Application Form No.
(Office use only)

**Application Form for CET-2017
For BPT/BOT/BPO Courses
At SVNIRTAR, NILD & NIEPMD**

**{Autonomous body under Department of Empowerment of PwDs (DIVYANGJAN)
Ministry of Social Justice & Empowerment, Government of India}**

INSTRUCTIONS:

- i) Before filling up the application form please read instructions given in the prospectus carefully.
- ii) Use BLACK/BLUE BALL PEN and Capital Letters for filling the form.
- iii) Please refer the checklist. (Tick \checkmark) in the appropriate box against columns.
- iv) Candidates must affix recent color passport size photograph in the admit card and filled it up properly.

Affix recent
colour passport
size photograph

Roll No. for office use only:

Signature of the candidate

1. Name of the candidate as recorded in 10th class certificate (IN CAPITAL LETTERS)

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First Name

Middle Name

Surname

2. **Category (Tick \checkmark)**

(a) GEN _____ (b) SC _____ (c) ST _____ (d) OBC _____
(For SC/ST/OBC attach supporting document)

2.i. Whether belongs to NE States : Yes/ No
(If Yes, attach supporting Document)

2.ii Whether belongs to PH Category : Yes/ No
(If Yes, attach supporting Document)

3. **Gender (Tick \checkmark)**

Male _____

Female _____

4. **Nationality (Tick \checkmark)**

Indian _____

Foreign _____

Cont....d

Date(DD) Month(MM) Year(YYYY)

6. Centre Code

1st Preference 2nd Preference 3rd Preference

7. Year of Passing 10th class or equivalent

8. Year of qualifying 10+2 Sc. or equivalent

9. Percentage of Marks in 10th or equivalent:

10. Percentage of Marks in 10+2 or equivalent

PCB: **PCM:**

11. Aadhar No:.....

(Aadhar card copy to be attached)

12. Address of the Candidate:

Name:.....

Address:

StatePIN CODE

Mobile No.:E-mail Address:

E-mail Address:

(Mandatory)

13. Name of the Parent/Guardian as recorded in the 10th class certificate

First Name	
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Middle Name

Surname

14. Relationship (Tick ☒) **Father** **Mother** _____ **Other** _____

15. Details of CET-2017 FEE Payment: Bank Draft No.....Dated.....
Amount

16. Declaration by the Candidate and the Guardian:

We declare that all the particulars stated in this application are true to best of our knowledge and belief. In the event of suppression or distortion of any fact, made in above application form, we understand that the candidate will be denied the opportunity to appear in the COMMON ENTRANCE TEST/ADMISSION. If already admitted, the candidate's admission will be cancelled. We also understand that the decision of the authorities of CET-2017, regarding the admission will be final. If admitted, it is assured that the candidate will follow the rules and regulations of the Institute and University and if the candidate is found guilty of any misconduct the candidate shall be liable for punishment as deemed fit by the Institute authority.

Signature of the Parent/Guardian

N.B.: Duly filled in application form should reach:

The Chairman CET-2017

C/o. Director,

Swami Vivekanand National Institute of Rehabilitation Training & Research

Olatpur, PO: Bairoi, Dist: Cuttack-754010 (ODISHA)

Signature of the Candidate

Place:

Date:



SWAMI VIVEKANAND NATIONAL INSTITUTE OF REHABILITATION TRAINING & RESEACH
{Autonomous body under Department of Empowerment of PwDs (DIVYANGJAN),
Ministry of Social Justice and Empowerment, Govt. of India}
OLATPUR, PO: BAIROI, DIST: CUTTACK (ODISHA) -754010

Provisional Admit Card for CET-2017 (BPT/BOT/BPO)

Date & Time of Entrance Exam: 02.07.2017 at 11.00 hrs.

**Candidates are allowed to enter the examination Hall & occupy seats
Only 15 minutes before the examination.**

Candidate's Name _____

Age: _____ **Sex:** _____

Address: _____

Roll No.

Signature of Candidate
(Sign and return with Application form)

Signature of Examination Invigilator
(To be signed in the Exam. Hall)

Affix recent
colour passport
size photograph

FOR OFFICE USE ONLY

Candidates Name: Mr./Ms. _____

Venue of the Examination: _____

Roll No.

Signature of the Chairman,
CET-2017