

STUDENT ADMISSION FORM

(For Admission into ODLC-Affiliated Course)

A. Program Details (Select as applicable)

1. Applying for Program:
 - ☐ Secondary (Class 10 Equivalent)
 - ☐ Senior Secondary (Class 12 Equivalent)
 - ☐ Vocational / Skill Program
 - ☐ Early Childhood Care & Education (ECCE)
 - ☐ Other (Specify): _____
2. Mode of Study:
 - ☐ Online ☐ Offline ☐ Blended
3. Centre Code / Name (if applying via affiliated centre):

B. Personal Details of the Applicant

| Field | Information |
|------------------------------|---|
| Full Name (in BLOCK letters) | _____ |
| Father's / Guardian's Name | _____ |
| Mother's Name | _____ |
| Date of Birth (DD/MM/YYYY) | _____ |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Nationality | _____ |
| Category | <input type="checkbox"/> GEN <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> EWS <input type="checkbox"/> PwD |
| Marital Status | <input type="checkbox"/> Single <input type="checkbox"/> Married |

C. Contact & Address Details

- **Mobile Number:** _____
 - **Email ID:** _____
 - **Permanent Address:** _____
District: _____ State: _____ PIN: _____
 - **Correspondence Address (if different):** _____
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D. Academic Qualifications

Exam Passed Board / Institute Year Roll No. % / Grade

Class 8

Class 10

Class 12

Others

E. Identity & Document Checklist (Self-attested copies to be attached)

- ☐ Passport Size Photo (2 copies)
 - ☐ Aadhaar Card / Govt. ID
 - ☐ Date of Birth Proof (Birth Certificate / 10th Admit Card)
 - ☐ Last Qualification Certificate / Mark Sheet
 - ☐ Address Proof
 - ☐ Caste / Disability Certificate (if applicable)
 - ☐ Migration / Transfer Certificate (if applicable)
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F. Declaration by the Applicant

I hereby declare that all information provided above is true and correct to the best of my knowledge. I understand that the admission is provisional and subject to verification of documents and ODLIC regulations. I also undertake to abide by the rules, code of conduct, and examination policies of ODLIC.

Place: _____ **Date:** _____

Signature of Applicant: _____

Signature of Parent/Guardian (if minor): _____