



NATIONAL INSTITUTE OF SOCIAL WORK AND SOCIAL SCIENCES

3-Chandrasekharpur, Bhubaneswar-751023,

Phone - 0674 - 2300052, 2300135

For Office Use Only

(Not to be filled by the candidate)

Date of Receipt :
Name of Course :
Index No. :
Whether admitted : Yes/No.

Percentage of Marks	
Career Marks	

Principal

A recent passport size photograph of the candidate should be pasted here

APPLICATION FORM FOR ADMISSION (THROUGH ENTRANCE TEST) TO BACHELOR OF ARTS IN SOCIAL WORK (BSW)

(To be filled by the applicant in own hand-writing)

- Name (In block letters) : _____
- Date of Birth : In figures : _____ In words: _____
- Sex and Marital Status : Male / Female/Transgender: _____ Marrie / Unmarried / Transgender _____
- Mother tongue : _____
- Nationality : _____ 6. Religion _____
- Father's Name & Address : _____

Phone _____
- Occupation : _____
- Mother's Name : _____
Occupation : _____

Phone _____
- Guardian's Name, Relation, Occupation : _____ Relation _____
and Address (If parents are dead) : _____

Phone _____
- Whether belonging to SC/ST **If yes**, mention : Caste _____
the name of Caste, Sub-Caste/Tribe, attach
Photo copy of the Certificate issued by an Sub Caste _____
officer not below the rank of a Tahsildar
duly attested by a Gazetted Officer Tribe _____
- Belongs to Municipal / Rural / Tribal area : _____

10. Mention details of examinations passed :

Sl. No.	Exam. Passed	Name of Board / University	Year, month of passing	Subjects taken	Maximum Marks	Total Marks secured	Percentage of Marks	Division/ Distinction (if any)
1.	H.S.C. or Equivalent							
2.	+2 Arts/ Science/ Commerce							
3.	Any other (specify)							

11. Whether physically challenged. If yes, attach photo copy of the certificate from competent authority, duly attested by a Gazetted Officer :

12. Any prizes in important games, sports, extracurricular events ? If yes, mention and attach attested copies of certificates

13. Complete Postal Address :

State _____ PIN

Phone No. _____ Mob. _____

E-mail (if any) _____

DECLARATION AND UNDERTAKING

We hereby declare that the particulars given in this form are true to the best of our knowledge & belief.

We also 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 meet Concurrent and Block Field Work and Rural Camp expenses.

Signature of Parent/Guardian

Signature :

Date :

Name :

Signature of Applicant

Signature :

Date :

Name :