



ADMISSION FORM

Affix recent
passport size
Photograph

(To be filled by Admission Department)

ACADEMIC SESSION -

(USE CAPITAL LETTER)

1. Preferred Course

2. Preference Branch/Specialization

(i)	(ii)	(iii)
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3. Applicant's Name (as in the High School Certificate)

Mobile No.

4. Mother's Name (Do not write Mrs/Dr./etc)

Mobile No.

5. Father's Name (Do not write Mr./Dr./etc)

Mobile No.

6. Complete Correspondence Address (Do not repeat the name)

District

State

Pin Code

7. Complete Permanent Address (Do not repeat the name)

District

State

Pin Code

8. STD Code

Phone (If any)

WhatsApp Number

9. E-mail (e.g. admissons@vou.ac.in ADMISSIONS@VOU.AC.IN)

10. Date of Birth

D	D	M	M	Y	Y	Y	Y
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11. Gender

Male	Female	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Resident

Urban	Rural
<input type="checkbox"/>	<input type="checkbox"/>

13. Category

Gen	OBC	SC	ST	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Differently Abled

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

15. Nationality

16. Blood Group

17. Religion

18. Mother Tongue

19. Parent's Annual Income

20. State of Domicile

21. Marital Status

