

**Application Form For CET-2015
For BPT/BOT/BPO Courses**

At NIOH, Kolkata & SVNIRTAR, Cuttack

(An Autonomous body under the Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India, New Delhi)

Affix Recent
Colour Passport Size
Photograph

Application Form Number : (For Office Use Only)

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

First Name Middle Name Last Name

2. Category : (Tick ✓) (a) GEN (b) SC (c) ST (d) OBC

(d) PH

(i) Locomotor (ii) Visual (iii) Hearing

3. Gender : (Tick ✓) (a) Male (b) Female

4. Nationality : (Tick ✓)(a) Indian (b) Foreign

5. Date of Birth : Date Month Year

6. Centre Code : Preference1: Preference2:

7. Year of Passing 10th class or equivalent:

8. Year of qualifying examination 10 + 2 :

9. Percentage of Marks in 10 + 2 or equivalent : PCB PCM

10. Address of the Candidate :

Name of the candidate :

Name of Father/Mother/Guardian :

Address :

State :

Pin code :

Mobile Number :

Email Address :

Alternative Phone Number :

11. Name of the parent/guardian as recorded in the 10th class certificate:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name

12. Relationship : (Tick ✓) (a) Father (b) Mother (c) Other

13. Details of CET-2015 FEE Payment :

Bank Name

Branch Name

Bank Draft No

Dated

Amount

14. 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-2015, regarding the admission will be final. We have read & understood the Rules & Regulations given in the Information Booklet & agree to abide by the same.

Signature of the Parent/Guardian

Signature of the Candidate

N.B.

Duly filled in application form should reach :
The Chairman CET-2015,
National Institute For The Orthopaedically Handicapped
B. T. ROAD, BON-HOOGHLY, KOLKATA-700090