Form No.

## SCOPE INFORMATION TECHNOLOGY



(A Unit setup under the Management of SCOPE, Odisha) An ISO 9001:2015 Certified IT Development Organisation Registered by Govt. of Odisha vide Regd. No. 21223/26 (01-02)

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## **APPLICATION FORM SESSION 2019-20**

SCOPE Study Centre	Branch Code	Regn. No.	Certificate SI.No.	Session
Name in Capital Letters				
Father's/Guardian's Name				
Date of Birth			Sex	
Whether eligible for seat reservatioin, if yes specify				
Address for Communication				
District				
Phone No.		Cell _		
Name of the Course Applied for				
Annual Income of the Pare	nt / Guardian			
EDUCATIONAL QUALIFICATION				
Name of Examination	Subjects	Board / University	Year of Passing	% of Marks
SSLC / HSC				
CHSE / +2				
Degree				
PG / Other specify				
I hereby declare that the information provided by me is and subject to verification by SCOPE. I hereby acknowledge that I have read and understood the rules and regulations, fee structure, syllabus decided by SCOPE and I agree to abide by them.				
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