

Annexure-8 (Additional Information Form)



Additional Information Form Department of Higher Education, Government of Odisha

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Money Receipt-cum-Index Number

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CAF Barcode Number

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1 Applicant's Name

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2 Guardian Name
(If parents are not alive)

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3 Permanent Address

(It may not be filled up, if Permanent Address is same as Correspondence Address in CAF)

a. House No.

--

b. Street/Village

--

c. Post Office

--

d. Block/ULB

--

e. Police Stn.

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f. District

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g. State

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h. PIN Code

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i. Telephone
(Land Line)

<i>STD Code</i>	<i>Number</i>
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j. Mobile
Number

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4 Nationality

--

5 Mother Tongue

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6 Category

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7 Aadhaar Number

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8 Income Details of Parents

a. Father's Occupation

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b. Mother's Occupation

--

b. Annual Income of the Parents
(Together) in Rs.

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9 Record of educational institution last attended

a. Name of the
School

--

b. Location of the
School

--

c. District

--

d. Year of
Joining

--

e. Year of
Leaving

--

I hereby fully endorse the information given by our
child/ward

Submitted by me

Signature or thumb impression of parents/ guardian
Date _____ Place _____

Full Signature of the Applicant
Date _____ Place _____