

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

1 Applicant's Name

2 Guardian Name
(If parents are not alive)

3 Permanent Address

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

a. House No.	<input type="text"/>	b. Street/Village	<input type="text"/>
c. Post Office	<input type="text"/>	d. Block/ULB	<input type="text"/>
e. Police Stn.	<input type="text"/>	f. District	<input type="text"/>
g. State	<input type="text"/>	h. PIN Code	<input type="text"/>
i. Telephone (Land Line)	<input type="text"/> <small>STD Code</small> <input type="text"/> <small>Number</small>	j. Mobile Number	<input type="text"/>

4 Nationality

5 Mother Tongue

6 Category

7 Aadhaar Number

8 Income Details of Parents

a. **Father's Occupation**

b. **Mother's Occupation**

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

9 Record of educational institution last attended

a. Name of the School	<input type="text"/>	b. Location of the School	<input type="text"/>		
c. District	<input type="text"/>	d. Year of Joining	<input type="text"/>	e. Year of Leaving	<input type="text"/>

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 _____