REGISTRATION OF CANDIDATES

Login Authority : OAV OFFICE [101KHA]

Name of the school in which the candidate is studying:*

| Name of the Candidate:* | Mother's Name : * |
|--|--|
| Candidate Name | Mother's Name |
| Father's Name : * | Guardian's Name : |
| Father's Name | Guardian's Name |
| Whose Signature will be Uploded : * | Upload Full Signature : * |
| Select | Browse No file selected. |
| | (Size should be less than 50 KB) |
| Admission Class : * | Date of Birth:* |
| VIII | Date of Birth |
| Study Continuance Status : * | Mother Tongue:* |
| Select | Select |
| Gender:* | Caste:* |
| Select v | Select |
| | (Original certificate to be submited for verification at the time of admission, If selected) |
| Religion:* | |
| Select | |
| Aadhar No. of the Candidate : * | Aadhar No of the Father : |
| Aadhar No. of the Candidate | Aadhar No of the Father |
| Aadhar No of the Mother : | Aadhar No of the Guardian : |
| Aadhar No of the Mother | Aadhar No of the Guardian |
| Whether Coming under PWD Category:* | |
| Select | |
| Whether the candidate is a ward of OAV Employee:* | |
| Select | |
| Whether Father of the Candidate is a State Govt. / State PSUs Employee : * | |
| Select v | |
| (Original certificate from the Employer to be submitted for verification at the time of admission, If selected) | |
| Whether Mother of the Candidate is a State Govt. / State PSUs Employee : * | |
| Select | |
| (Original certificate from the Employer to be submitted for verification at the time of admission, If selected) | |
| Whether the candidate is suffering from any chronic/ serious disease:* | |
| Select | |
| Category of school in which the candidate is studying:* | Whether the school has recived COR from the Competent Authority?:* |
| Govt | Select |
| (Certificate issued from the concerned DEO/BEO regarding category of school has to be submitted at the time of admission, If selected) | (Candidate has to submit the COR certificate at the time of admission, if selected) |

Address of the School:*

| School belongs to which State/UT and District : * | |
|---|---|
| Contact No of the Parent(s):* | E-mail Id of the Parent(s) : |
| Contact No of the Parent(s) | E-mail Id of the Parent(s) |
| Annual Income of the Parent : * | |
| Annual Income of the Parent | |
| Both Address Same 🗆 | |
| Permanent address | Correspondence address |
| Village/ Town Situated in : * | Village/ Town Situated in : * |
| АТ | АТ |
| PO | PO |
| District:* | District:* |
| Select | v Select v |
| ocation:* | Location:* |
| Select | v Select v |
| Name of the Block/NAC/ Muncipality/ Municipal Corporation : * | Name of the Block/NAC/ Muncipality/ Municipal Corporation : * |
| Select | v Select v |
| rincode:* | Pincode:* |
| Pincode | Pincode |
| Eligible OAV for taking Admission : * | |
| Select | V |
| | |
| Are you a permanent resident of state of odisha : * | |
| Select | v |
| (This should be in accordance with the residence certificate of the candidate) (Original certificate to be submited for verification at the time of admission, If selected) | |
| Upload Passport Size Photo of the Candidate : * | Upload Full Signature of the Candidate : * |
| Browse No file selected. | Browse No file selected. |
| (Size should be less than 50 KB) | (Size should be less than 50 KB) |
| | |
| | Save |
| | Save |