

STUDENTS DETAILS

Name of Candidate

Father's Name

Mother's Name

Gender (Tick) Male Female Oth Category GEN/OBC/SC/ST

Date of Birth DD MM YEAR Aadhar No :

Address : Village/City/Town Post Office

Block District State Pincode

Contact Details :

Email ID

Qualification : (Tick) 10th 12th Arts Science Commerce Graduation Arts Science Commerce

Percentage of Last Qualification : % Person With Disability (Tick) Yes No



COURSES DETAILS

U.G & P.G COURSES

- BBA - Bachelor of Business Administration
- BCA - Bachelor of Computer Applications
- BJMC - Bachelor of Journalism and Mass Communication
- B.Sc Biotech - Bachelor of Science in Biotechnology
- B.Sc Comp. Sc - Bachelor of Science in Computer Science
- B.Sc Data. Sc - Bachelor of Science in Data Science
- MA-PMIR - Personnel Management and Industrial Relations
- MFC - Master of Finance and Control
- M.Sc Comp. Sc.- Master of Science in Computer Science
- PGDM - Post Graduate Diploma in Management

DIPLOMA COURSES

- Mechanical Engineering
- Computer Science and Engineering
- Mining Engineering
- Electrical Engineering
- Civil Engineering

NURSING COURSES

- ANM - Auxiliary Nurse Midwifery
- GNM - General Nursing and Midwifery
- B.Sc Nursing - Bachelor of Science in Nursing

Selected Course

Full Signature of Student

Full Signature of Parent's / Guadian's

Counsellings Details

Counsellor Name

Counselling Date

DD MM YEAR



Seal and Signature of Local Referee's

SI No	Documents Name	Require (Tick✓)	Received (Yes/No)	Submit Date	Receiver Sign
1	10 th Certificate / Marksheet				
2	12 th / Diploma Certificate				
3	12 th / Diploma Marksheet				
4	+3 / Graduation Certificate				
5	+3 / Graduation Marksheet				
6	Orginal CLC				
7	Income Certificate				
8	Caste Certificate				
9	Resident Certificate				
10	Migration Certificate				
11	Student Aadhar				
12	Father & Mother Aadhar				
13	Parents Photo				
14	ROR (Land Record)				
15	Students Passport Size Photo				

FEE DETAILS

NAME				COURSE		
Year	Tution Fee / Course Fee	Uniform Fee	Hostel Fee	Placement Fee	Registration Fee	Other Fee
1 st						
2 nd						
3 rd						
4 th						

Seal & Signature of Referee's
 I undertake that, I will be submit the above mandatory documents before last date of admission Date.

Signature of Student's

FOR OFFICIAL USE

SSP		ID		PW	
VERIFY		PRIMARY		DATE	
BANK		OTP BY		DATE	
EMAIL ID				PW (E)	
Online Form Fill Up	YES	NO	Video Upload	YES	NO

Form Entry by Staff

Form Received by Staff



Ashaa Kirann Group

ASHAA KIRANN GROUP OF INSTITUTIONS

Managed By: Ashaa Kirann Welfare Educational and Charitable Trust

STUDENT DECLARATION CUM UNDERTAKING

To,
The Principal,
Ashaa Kirann Group of Institutions,
Palaspur, Chhtabar, Bhubaneswar,
Khordha-752054, Odisha

Respected Madam/Sir,

I, Mr. / Ms S/O / D/O.....
Programme.....Batch: 20 to 20 , Student of Ashaa Kirann Group of Institutions, Odisha
permanent resident of

Mob No:.....Father..... Mother.....
(Give permanent home address with telephone no.), do hereby undertake on this the....., (Day), of
(Month)..... (Year), the following, I hereby, declare that, the entries made by me in the Application Form are
complete and true to the best of my knowledge and based on records.

I am solely responsible for writing any incorrect information supplied in the application form for registration. I understand that my admission will be cancelled if any information I write is found to be incorrect upon documents.

I will present all the original documents at the time of admission along with true attested copies of mark sheet, Aadhar Card and other documents as required by the college.

I do undertake that if I unable to present all the documents at the time of admission as stated, I will undertake to submit the same by end of August. Failing which I accept the consequence including cancellation of admission.

I abide by the condition that once fees are paid to the Institute it will not be refundable as per Odisha Govt. guidelines.

I understand that, 100% attendance is must as per University Ordinance. In case of any medical emergencies/others 75% attendance in classes is compulsory and I commit myself to adhere to the same. I also understand, in case my attendance falls short, for any reason, the competent authority of the Institute may take such punitive action against me, as may be deemed fit and proper.

I, hereby declare that, I will neither join in any coercive agitation/strike for the purpose of forcing the authorities of the Institute to solve any problem, nor I will participate in any activity which has a tendency to disturb the peace and tranquillity of life of the Ashaa Kirann Group of Institutions, campus and/or its Hostel premises.

I, hereby declare that, I will not indulge in, nor tolerate ragging, in any form, even in words or intentions, and I accept to give an undertaking in the prescribed format of Govt. online as per directions given by college.

I will comply with the rules and regulations for student behaviour as notified by the Ashaa Kirann Group of Institutions, from time to time. I agree that the Ashaa Kirann Group of Institutions, shall have the right to enforce appropriate standards of conduct and that it may terminate my participation at any time in the Ashaa Kirann Group of Institutions, program for failure to maintain these standards or for any actions or conduct which the College considers to be incompatible with the interest, harmony, comfort and welfare of other students.

If my participation is terminated, I give my consent to be sent home at my own or my parent's expense with no refund of fees. All references in the undertaking to the Ashaa Kirann Group of Institutions, shall include the College Principal, and all its Officers.

Signature of the Parent/Guardian's

Signature of the Applicant

P.T.O

I, hereby declare that, I will neither take any admission in any other Institute during the continuity the programme in Ashaa Kirann Group of Institutions , if i found guilty then i will punished by the educational law of High Court, of Odisha Govt.

That I declared that I submitted the Leaving Certificate after verifying my all original certificates, in this process I haven't any power to blame the Institute or take any personal decision against Ashaa Kirann Group of Institutions.

All reference herein to the parents of the applicant shall include the legal guardian or other adult responsible for the applicant. In addition to this, I shall abide by all the anti-ragging rules specified by the college\By the order of Government.

I agree that in case of any legal dispute, Document Mis-use, Fake Certificate Issue, Then completely i will take the responsibilities, the same shall be subject to exclusive jurisdiction of Courts in which my Institute belonging at Odisha. This undertaking shall take effect from the time I am accepted by and confirmed for enrolment in the AKGI have read the above Rules & Regulations and I agree to abide by them, failing which I shall be liable to disciplinary action.

Date.....

.....

Mob.....

(Signature or Thumb impression of the Applicant)

I _____ the Parent Guardian of the said student take for that even my son/daughter found fraud in feature then completely i take all the responsibilities and never take any official judicial action against the Institute, Also take the financial responsibilities with declared course fee, neither I will be punished by the college.

Date.....

.....

Mob.....

(Signature or Thumb impression of the Parent/Guardian's)

I _____ the referee of the said student take all the responsibilities for fake documentation, Misguiding of student's/Parent's, Also take the financial responsibilities for the said student of the bank account opening/stipend neither I will be punished by the college with Judicial Law of education.

Date.....

Mob.....

(Signature or Thumb impression of the Referee's)

I _____ the Consultant of the said student take all the responsibilities for the Maintain regular communication with students, parents, colleagues and external agencies/referees for coordinating admission activities with financial part and resolving problems. Neither I will be punished by the college with Judicial Law of education.

Date.....

Mob.....

(Signature or Thumb impression of the Consultant's)



Ashaa Kirann Group

ASHAA KIRANN GROUP OF INSTITUTIONS

Managed By: Ashaa Kirann Welfare Educational and Charitable Trust



Student Declaration Cum Authorization

I, Mr. / MsS/O / D/O.....
Programme....., Batch: 20 to 20 , Student of Ashaa Kirann Group of Institutions, Odisha permanent resident of.....
Mob No:....., do hereby undertake on this the....., (Day), of (Month)..... (Year), the following, I hereby, declare that, the entries made by me in the Application Form are complete and true to the best of my knowledge and based on records.

I agree that in case of any legal dispute, Document Mis-use, Fake Certificate Issue, then completely I will take the responsibilities, the same shall be subject to exclusive jurisdiction of Courts in which my Institute belonging at Odisha. This undertaking shall take effect from the time I am accepted by and confirmed for enrolment in the Institute have read the above Rules & Regulations and I agree to abide by them, failing which I shall be liable to disciplinary action.

I, hereby declare that, I will neither join in any coercive agitation/strike for the purpose of forcing the authorities of the Institute to solve any problem, nor I will participate in any activity which has a tendency to disturb the peace and tranquillity of life of the Ashaa Kirann Group of Institutions campus and/or its Hostel premises.

Account No. _____ in A/c Name _____

Linking/Seeding of Aadhaar in NPCI-Mapping for Receiving Direct Benefits

I wish to seed my account No. _____ with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG Subsidy from Govt. of India (GOI) in my above account. I understand that if more than one Benefit transfer is due to me, I will receive all the benefit transfers in the same account. (for customer who have not so far seeded account with NPCI Mapper)

Also with my account no: _____ Authorized to AKGI institute, that the authorized person from the college will receive all my bank related documents with KIIT (i.e.-ATM, PIN, Cheque, and Pass Book) from the bank on behalf of me for my college fees deposit process. Cause this account is opening for only for my govt. stipend of my study course fees where as I continue my course _____ at college Ashaa Kirann Group of Institutions in free of cost. Also staying at College Hostel in Free of cost with free fooding at the time of Exam. So I have not any official objection on this process till the completion of my declared duration of the course. Cause the said stipend amount is the college & Hostel fees which is provided by the Govt. to the College.

.....
(Signature of the Parent/Guardian's)

.....
(Signature of the Applicant)

Fees Completion Declaration

I _____, bearing account no: _____ cleared all my declared fees of the Ashaa Kirann Group of Institutions, ,(Managed By: Ashaa Kirann Welfare Educational and Charitable Trust) Palaspur, Chhatabar, Khordha, Odisha with bearing money receipt no....., on dated Also I received the Money receipt from the account department of Ashaa Kirann Group of Institutions, Palaspur, Chhatabar, Khordha on dated.....

The authorized person from the college had made the transfer process of the stipend amount given by the Sate Scholarship Programme, of Govt. of Odisha. from my declared account to the account of Ashaa Kirann Group of Institutions, Palaspur, Chhatabar, Khordha, on the knowing and presence of me. As I declared from before in college guidelines form.

.....
(Signature of the Parent/Guardian's)

.....
(Signature of the Applicant)



Ashaa Kirann Group

ASHAA KIRANN GROUP OF INSTITUTIONS

Managed By: Ashaa Kirann Welfare Educational and Charitable Trust

To,
The Manager,

Sub:-Student Account Opening and Authorization For Use Only Govt. Stipend Funds for College Use.

Respected Sir,

I _____ bearing account no: _____ Authorized to Ashaa Kirann Group of Institutions,(Managed By: Ashaa Kirann Welfare Educational and Charitable Trust) that the authorized person from the Institution will receive all my bank related documents (i.e.-ATM, PIN, Cheque, and Pass Book) from the bank on behalf of me, for my college deposit. Cause this account is opening for only for my govt. stipend of my study course fees where as I continue my course at Ashaa Kirann Group of Institutions in free of cost. Also staying at College Hostel in Free of cost with free fooding at the time of Exam. So I have not any official objection on this process. Cause the said stipend amount is the college & Hostel fees which is provided by the Govt. to the College.

Also, I attached the personal ID details & Documents with self-attested on the bank form. If I do any changes in future on this said account then college will take necessary official action against me.

Self-Declaration: -

I have not any official objection on this authorization process.

Certified that the amount sought to be transferred is required for the use of course fee of the college to the college concern account if necessary.

If I apply for any new ATM, PIN, PASSBOOK, Cheque, and withdraw amount from bank at withdraw slip in future or want to block the first received kilt then I will inform to the concern college, Then I follow the process of college.

For any future changes on my said account, I can't access that without my college concern letter.

BDT Declaration

Account No. _____ in A/c Name _____

Linking / Seeding of Aadhar in NPCI-Mapping for Receiving Direct Benefits

I wish to seed my account No. _____ with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG Subsidy from Govt. of India (GOI) in my above account. I understand that if more than one Benefit transfer is due to me, I will receive all the benefit transfers in the same account. (for customer who have not so far seeded account with NPCI Mapper)

Date.....

Ref.....

.....

In Case of Minor:-

(Signature or Thumb impression of the Applicant)

Date.....

.....

(Signature or Thumb impression of the Parent's)

**APPLICATION FOR LINKING/ SEEDING AADHAR NUMBER
AND RECEIVING DBT BENEFITS INTO BANK ACCOUNT-(NPCI MAPPING)***

The Branch Manager,
.....Branch
.....Bank

Date:

Dear Sir,

Account No. _____ **in A/c Name** _____

Linking / Seeding of Aadhaar in NPCI-Mapping for Receiving Direct Benefits

I am maintaining a Bank account No. _____ with your Branch.

2. I submit my Aadhaar number and voluntarily give my consent

to: Use my Aadhaar Details to authenticate me from UIDAI.

Use my Mobile Number mentioned below for sending SMS Alerts to me.

Link the Aadhaar Number to all my existing/new/future accounts and customer profile (CIF) with your Bank.

(Signature/Thumb Impression of customer)

OPTION FOR RECEIVING DBT BENEFITS (TICK ONE)

I wish to seed my account No. _____ with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG Subsidy from Govt. of India (GOI) in my above account. I understand that if more than one Benefit transfer is due to me, I will receive all the benefit transfers in the same account. **(for customer who have not so far seeded account with NPCI Mapper)**

I already have an account with _____ (name of Bank) having IIN Number** _____, and seeded with NPCI Mapper for receiving DBT from GOI. **I request you to change my NPCI mapping(DBT Benefit Account)** to my account with your Bank.

I already have an account with another bank _____ (name of Bank) having IIN Number** _____, and seeded with NPCI Mapper for receiving DBT from GOI. **I do not want to change my NPCI mapping(DBT Benefit Account)** from the existing Bank.

I do not wish to seed my accounts from your Bank with NPCI Mapper **(I will not be getting DBT)**.

3. I have been explained about the nature of information that may be shared upon authentication. I have been given to understand that my *information submitted to the bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law.*

4. I hereby declare that all the above information voluntarily furnished by me is true, correct and complete.

Yours faithfully

[if consent sent through BC/BDO/VO]

(Signature/Thumb Impression of customer)

I hereby authorise the Banking Correspondent

.....

I hereby authorise the Sarpanch,/ V.O./B.D.O./

.....

to submit the above consent letter to the bank.

Name :

Mobile No.:

Email:

Encl: Copy of Aadhaar

(Signature/Thumb Impression of Customer)

*NPCI Mapping : Mapping is a process of associating a Bank with Aadhaar number which is facilitated by NPCI for Direct Benefit Transfer to the respective Bank who have linked the Aadhaar Number to a specific Bank account for receiving Direct Benefits to which customer has given the consent.

** IIN number will be provided by Bank receiving the consent Application