

**APPLICATION FORM FOR OAV ENTRANCE TEST-2022-2023 FOR CLASS-  
VI & LATERAL ENTRY FOR CLASS- VII, VIII & IX**

Candidate Name : \_\_\_\_\_

Mother's Name : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Guardian's Name : \_\_\_\_\_

Admission Class : \_\_\_\_\_ Class VI/ Class VII/ Class VIII/ Class IX

Date of Birth : \_\_\_\_\_

Age on 31/03/2022 : \_\_\_\_\_

Mother Tongue : Odia/ English/ Hindi/ Bengali/ Telugu/ Urdu

Gender : \_\_\_\_\_

Caste : \_\_\_\_\_

Religion : \_\_\_\_\_

Nationality : \_\_\_\_\_

Aadhar No of the Candidate : \_\_\_\_\_

Aadhar No of the Father : \_\_\_\_\_

Aadhar No of the Mother : \_\_\_\_\_

Aadhar No of the Guardian : \_\_\_\_\_

**Whether Coming under PWD Category** : Yes/ No \_\_\_\_\_

Type of Disability : \_\_\_\_\_ Attach Disability Certificate

- a) Blindness & low vision
- b) Deaf & hard of hearing
- c) Locomotors disability including Cerebral Palsy,  
Leprosy cured, dwarfism, acid attack victims and  
Muscular dystrophy
- d) Autism, intellectual disability, specific learning disability  
And mental illness.
- e) Multiple disability from amongst persons under clauses  
(a) To (d) including deaf- blindness

Disability % : \_\_\_\_\_

**Whether the candidate is a ward of OAV Employee** Yes/ No Attach certificate from OAVS Office  
(Out source employee to be excluded)

Whether the candidates is a ward of State Govt. / State PSUs Employee Yes/ No Attach certificate from State Govt Office

Whether the candidate is suffering from any chronic/ serious disease Yes/ No

Nature of the disease : \_\_\_\_\_

Category of school in which reading : Govt/ Aided/ Un-aided recognised/ Others  
(Attach Certificate from the concerned DEO mentioning the category of the school)

Whether the school has got COR from the Govt of Odisha Yes/ No  
(Attached the photocopy of COR from the Head of the Institution)

Name of the district in which school is situated : \_\_\_\_\_

Attach the certificate regarding bonafide student of the school from the Head of the Institutions (As per format annexed)

Contact No of the Parent(s) : \_\_\_\_\_

E-mail Id of the Parent(s) : \_\_\_\_\_

**Permanent address**

Village/ Town Situated in : \_\_\_\_\_

DISTRICT : \_\_\_\_\_

School Situated in : \_\_\_\_\_

Name of the Block/NAC/ Municipality/ Municipal Corporation: \_\_\_\_\_

PINCODE : \_\_\_\_\_

OAV Name : \_\_\_\_\_

**Present address**

Village/ Town Situated in : \_\_\_\_\_

DISTRICT : \_\_\_\_\_

School Situated in : \_\_\_\_\_

Name of the Block/NAC/ Municipality/ Municipal Corporation: \_\_\_\_\_

PINCODE : \_\_\_\_\_

(Attach Residence Certificate)

You are eligible to get admitted to : \_\_\_\_\_

OAV in case Entered

**Bank accounts detail of the Parent/ Guardian**

Name of the Bank : \_\_\_\_\_

Account No : \_\_\_\_\_

IFSC Code : \_\_\_\_\_

Annual Income of the Parent : \_\_\_\_\_

Paste photograph of the candidates

Signature of the candidates

Parents declaration : \_\_\_\_\_

**DECLARATION OF THE PARENT**

1. I do hereby certify that the above information is correct to the best of our knowledge and belief. If any information is found fake/ forged, the admission of our child may stand cancelled.
2. I am seeking admission to OAV\_\_\_\_\_ for my ward and have not applied for taking admission into any other OAV. In case it is found that I have applied for admission into more than one OAV, I undertake that the candidature/ admission of my ward shall be cancelled.
3. I do undertake that, my ward and we shall abide by the rules and regulations laid down by Odisha Adarsha Vidyalaya Sangathan(OAVS), Bhubaneswar from time to time.
4. I do understand that, the decision of the empowered committee of OAVS is final and binding on us regarding admission.

Signature of the Father/ Mother/ Guardian

Date:\_\_\_\_\_