

14. Registration Form



DR. C.V. RAMAN UNIVERSITY APPLICATION FORM FOR WALK-IN-ADMISSIONS

(JANUARY / JULY SESSION)

Application No.

[Strike out the Session whichever is not applicable]

| | | |
|--|---|---|
| 1. Programme Name : <input style="width:100%;" type="text"/> Group if, any | | PHOTOGRAPH AFFIX (4 X 5 cm) duly attested <input style="width:100%; height: 20px;" type="text"/> Signature of Candidate |
| 2. Programme Code <input style="width:200px;" type="text"/> | 7.(B) Enrolment No. <input style="width:200px;" type="text"/> (For Office Use Only) | |
| 3. Study Centre Code <input style="width:200px;" type="text"/> | 8. Aadhaar No., <input style="width:200px;" type="text"/> | |
| 4. Medium Code (Write their relevant code in the box) A1 English <input style="width:20px;" type="text"/> B2 Hindi <input style="width:20px;" type="text"/> | 9. Date of Birth <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Date Month Year | |
| 5. Category (Write the relevant code in the box) A1 - Gen C3 - ST <input style="width:20px;" type="text"/> B2 - SC D4 - OBC <input style="width:20px;" type="text"/> | 10. Nationality A1 Indian <input style="width:20px;" type="text"/> B2 Others <input style="width:20px;" type="text"/> | 13. Sex A1 Male <input style="width:20px;" type="text"/> B2 Female <input style="width:20px;" type="text"/> |
| 6. Marital Status A1 Married <input style="width:20px;" type="text"/> B2 Unmarried <input style="width:20px;" type="text"/> | 11. Territory Code A1 Urban <input style="width:20px;" type="text"/> B2 Rural <input style="width:20px;" type="text"/> C3 Tribal <input style="width:20px;" type="text"/> | 14. State Code <input style="width:20px;" type="text"/> |
| 7.(A) Registration No. <input style="width:200px;" type="text"/> (If Student already Registered in CVRU) | 12. Religion A1 Hindu <input style="width:20px;" type="text"/> B2 Muslim <input style="width:20px;" type="text"/> C3 Christian <input style="width:20px;" type="text"/> D4 Sikh <input style="width:20px;" type="text"/> | 15. Whether Minority A1 Yes <input style="width:20px;" type="text"/> B2 No <input style="width:20px;" type="text"/> |
| 16. Name of the Candidate (Leave one box empty between First Name, Middle Name and Surname) (Please write Name as per your last qualification marksheet) <input style="width:100%; height: 20px;" type="text"/> | | |
| 17. Father's/Husband's Name (Strike out whichever is not applicable) <input style="width:100%; height: 20px;" type="text"/> | | |
| 18. Mother's Name <input style="width:100%; height: 20px;" type="text"/> | | |
| 19. Relevant Qualifications: (Which makes you eligible for the programme) | | |
| (a) Qualification <input style="width:40px;" type="text"/> Code | (b) Main Subjects <input style="width:100%;" type="text"/> | (c) Year of Passing <input style="width:40px;" type="text"/> (Last 2 Digits only) |
| | | (d) Division <input style="width:40px;" type="text"/> (01.02.03 or 04) for pass |
| | | (e) % of marks <input style="width:40px;" type="text"/> (Do not use Decimals) |
| | | (f) Board Code <input style="width:40px;" type="text"/> (Wherever required) |
| 20. Address for Correspondence (Do not give Post Box No. Leave a blank between each unit of address like House No., Street Name, P.O. etc.) <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/> City <input style="width:300px;" type="text"/> District <input style="width:300px;" type="text"/> State <input style="width:400px;" type="text"/> Pin Code <input style="width:100px;" type="text"/> | | |
| 21. Landline Telephone Number (if any) with STD Code STD Code <input style="width:100px;" type="text"/> Telephone No. <input style="width:200px;" type="text"/> | 22. Mobile Number (if any) <input style="width:200px;" type="text"/> | |
| 23. E-mail Address/ID (if any) <input style="width:100%;" type="text"/> | | |
| 24. Whether a person with Disability (Write the relevant code in the box) A1 Yes <input style="width:20px;" type="text"/> B2 No <input style="width:20px;" type="text"/> | 25. If a person with disability (nature of disability) (Write the relevant code in the box) A1 Speech and Hearing Impairment <input style="width:20px;" type="text"/> B2 Locomotor Impairment C3 Visual Impairment <input style="width:20px;" type="text"/> D4 Low Vision E5 Any other Please specify <input style="width:20px;" type="text"/> | 26. Employment Status (Write the relevant code in the box) A1 Unemployed <input style="width:20px;" type="text"/> B2 Govt. Employed <input style="width:20px;" type="text"/> C3 Private Employed <input style="width:20px;" type="text"/> D4 Self Employed <input style="width:20px;" type="text"/> |
| 27. Income : (a) Family Income (Yearly) <input style="width:100px;" type="text"/> (b) Below Poverty Line A1 Yes <input style="width:20px;" type="text"/> B2 No <input style="width:20px;" type="text"/> | | |

28. Key Skills (Tick whichever applicable)

IT Skills

M.S. Office Tally Typing DTP Programming Animation
 Web Design Networking

Repair & Maintenance Skills

Computer repair Mobile Repair Photocopy Machine Repair
 Electrical & Electronic Repair

Soft Skills

Selling Negotiation Administration Communication
 Teaching/Coaching Any Other Skills

29. Languages Known

| | Read | Write | Speak |
|-----------------------|------|-------|-------|
| Mother Tongue | | | |
| Other Languages Known | Read | Write | Speak |
| 1. | | | |
| 2. | | | |
| 3. | | | |

30. Employment Details

Total Work Experience: Years..... Months.....

Current Employment Status

| Organization | Industry | Designation | Department | Time Period | | CTC (in Lacs.) |
|--------------|----------|-------------|------------|--------------------|------------------|-------------------|
| | | | | From (dd/mm/yy) | To (dd/mm/yy) | |
| | | | | | | |

31. Previous Employment Status (Up to last five employers)

| Organization | Industry | Designation | Department | Time Period | | CTC (in Lacs.) |
|--------------|----------|-------------|------------|--------------------|------------------|-------------------|
| | | | | From (dd/mm/yy) | To (dd/mm/yy) | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

32. Personal Information

Physically Handicapped: Physically Handicapped Category:.....

Driving (Tick whichever applicable):

Two Wheeler Four Wheeler Both Driving License No:

33.(a) Educational Details

| Academic Qualification | Board/ University | Stream (Name of Course & Subjects) | Year of Passing | Percentage/ Division |
|---------------------------|-------------------|------------------------------------|-----------------|----------------------|
| 8 th Standard | | | | |
| 10 th Standard | | | | |
| 12 th Standard | | | | |
| Graduation | | | | |
| Post Graduation | | | | |
| Ph.D | | | | |
| Diploma | | | | |
| Certificate | | | | |

33. (b) Any other Technical / Vocational Qualification / Course you have done, in addition to above :

34. Submit

Please submit your resume and latest passport size photograph to your AISECT-CVRU Centre or upload your photograph on www.rojgarmantra.com after receiving the username and password.

35. Job Preferences

Are you willing to travel outside your state for a job? (Y/N) (Tick whichever applicable)
 Salary Expected or CTC (Rupees per Annum) :

36. Your References (Professional references are a must)

| | |
|---------------------|---------------------|
| 1. Name : | 2. Name : |
| Designation : | Designation : |
| Company : | Company : |
| Phone No : | Phone No : |

DECLARATION BY APPLICANT

I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfil the minimum eligibility criteria and I have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable to cancellation by the University at any time and I shall not be entitled to refund of any fee paid by me to the University. Further, I have carefully studied the rules of the University as printed in the Prospectus and I accept them and shall not raise any dispute in future over the same rules.

Date

Signature of Candidate

CHECKLIST

Tick the relevant boxes

Affix photograph and enclose the following attested copies.

- (i) Demand Draft/Challan Form for Programme fee/fee for 1st Year/1st Semester.
- (ii) Certificates in support of your educational qualification(s)
- (iii) Experience Certificate wherever required.
- (iv) Category Certificate wherever required.
- (v) Age Certificate for SC/ST/PH/Kshamiri Migrant/War Widow candidates wherever required.
- (vi) Student Card duly filed in along with photograph.
- (vii) Acknowledgement Card dully stamped.

CATEGORY CERTIFICATE (I)

(i) SC/ST Candidates

This is to certify that Mr./Ms./Mrs. _____ son/daughter/wife
of Shri _____ of Village _____ Town
_____ Dist. _____ State/U.T. _____ belongs to
_____ Caste which is recognised as Scheduled Caste/Scheduled
Tribe under the Constitution

(Scheduled Caste Part C States) Order 1951 read with the SC/ST list (Modification
Order, 1956)

Mr./Ms./Mrs. _____ and his/her family reside in
Village/Town _____ District _____ State U.T. _____

(Signature of Tehsildar/Commissioner/District Magistrate)

Place : _____

Signature : _____

Date : _____

Seal/Samp

CATEGORY CERTIFICATE (II)

(ii) OBC candidates (only non-creamy layer)

This is to certify that Mr./Ms./Mrs. _____
son/daughter/wife of Shri _____ of Village _____ Town
_____ Distt. _____ State/U.T. _____ belongs to
_____ Caste who are eligible for availing the
benefits as per central list of 5 to

13 Cs/OBC as per Resolution No. 12011/68/93-DCC(C) of Ministry of Social Justice &
empowerment as modified from time to time by that Ministry based on the advice of the
National Commission for Backward Classes. (NCBC). Mr./Ms./Mrs.

_____ and his/her family reside in Village/Town _____ District
_____ State U.T. _____

(Signature of Tehsildar/Commissioner/District Magistrate)

Place : _____

Signature : _____

Date : _____

Seal/Samp



डॉ. सी.वी. रामन विश्वविद्यालय

करगी रोड कोटा, जिला-बिलासपुर (छ.ग.)

नामांकन हेतु आवेदन पत्र

(आवेदन पत्र छात्र स्वच्छ अक्षरों में स्वयं भरें)

प्रति,

कुलसचिव,
डॉ. सी. वी. रामन् विश्वविद्यालय
करगी रोड कोटा, जिला-बिलासपुर (छ.ग.)

नामांकन क्रमांक

महोदय,

निवेदन है कि मैं उच्च शिक्षा प्राप्ति के लिये महाविद्यालय में अपना नाम अंकित करवाना चाहता/चाहती हूँ। मेरा डॉ. सी.वी. रामन विश्वविद्यालय में नामांकन नहीं हुआ है। इस विश्वविद्यालय में पूर्व छात्र/छात्रा के रूप में नामांकन क्रमांक है।

विवरण निम्नानुसार है :

1. पूरा नाम (हिन्दी में)
अंग्रेजी में (केपिटल लेटर में)
2. पिता/पति का नाम
3. माता का नाम
4. जन्मतिथि (हा. से. सर्टिफिकेट के अनुसार)
5. छ.ग. में निवास कब से कर रहे हैं
6. प्रस्तावित परीक्षा का नाम
7. पिछली परीक्षा का विवरण जो उत्तीर्ण की है, कक्षा सत्र
अनुक्रमांक विश्वविद्यालय/विद्यालय

10वीं 12वीं एवं समस्त बोर्ड/विश्वविद्यालय के परीक्षाओं की अंकसूचियों के छायाप्रति की अभिप्रमाणित प्रति के साथ मूल प्रवजन प्रमाण पत्र, टी.सी. अंतराल प्रमाण पत्र अगर हो तो मूल प्रति संलग्न करें। (समस्त अंक सूची की छाया प्रति अभिप्रमाणित हो)।

छ.ग. के बाहर के बोर्ड या विश्वविद्यालय से आने वाले छात्र को विश्वविद्यालय से जारी पात्रता प्रमाण पत्र संलग्न हो।

स्थायी पता फोन नं.

वर्तमान पता फोन नं.

दिनांक

आवेदक के हस्ताक्षर

डॉ. सी.वी. रामन विश्वविद्यालय करगी रोड कोटा, जिला बिलासपुर (छ.ग.)

(नाम एवं पिता का नाम छात्र/छात्रा स्वयं भरें)

श्री/श्रीमती/कु.

आत्मज/आत्मजा का नामांकन किया गया।

नामांकन अंक है।

कुलसचिव

डॉ. सी.वी. रामन् विश्वविद्यालय