



DR. C.V. RAMAN UNIVERSITY
APPLICATION FORM FOR ADMISSIONS
(JANUARY / JULY SESSION)
 [Strike out the Session whichever is not applicable]

1. Programme Name : Group if, any		PHOTOGRAPH AFFIX (4 X 5 cm) duly attested Signature of Candidate	
2. Programme Code	7.(B) Enrolment No. (For Office Use Only)		
3. Location ID	8. Aadhaar No.,		
4. Medium Code (Write their relevant code in the box) A1 English B2 Hindi	9. Date of Birth		
5. Category (Write the relevant code in the box) A1 - Gen C3 - ST B2 - SC D4 - OBC	10. Nationality A1 Indian B2 Others		13. Sex A1 Male B2 Female
6. Marital Status A1 Married B2 Unmarried	11. Territory Code A1 Urban B2 Rural C3 Tribal		14. State Code
7.(A) Registration No. (If Student already Registered in CVRU)	12. Religion A1 Hindu B2 Muslim C3 Christian D4 Sikh		15. Whether Minority A1 Yes B2 No
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)			
17. Father's/Husband's Name (Strike out whichever is not applicable)			
18. Mother's Name			
19. Relevant Qualifications: (Which makes you eligible for the programme)			
(a) Qualification Code	(b) Main Subjects	(c) Year of Passing (Last 2 Digits only)	
		(d) Division (01.02.03 or 04) for pass	
		(e) % of marks (Do not use Decimals)	
		(f) Board Code (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.)			
City			
District			
State			
Pin Code			
21. Landline Telephone Number (if any) with STD Code STD Code Telephone No.	22. Mobile Number (if any)		
23. E-mail Address/ID (if any)			
24. Whether a person with Disability (Write the relevant code in the box) A1 Yes B2 No	25. If a person with disability (nature of disability) (Write the relevant code in the box) A1 Speech and Hearing Impairment B2 Locomotor Impairment C3 Visual Impairment D4 Low Vision E5 Any other Please specify	26. Employment Status (Write the relevant code in the box) A1 Unemployed B2 Govt. Employed C3 Private Employed D4 Self Employed	
27. Income : (a) Family Income (Yearly) (b) Below Poverty Line A1 Yes B2 No			

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 :

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34. Submit

Please submit your resume and latest passport size photograph to your University 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