Application No.:



DR. C.V. RAMAN UNIVERSITY

APPLICATION FORM FOR ADMISSIONS

(JANUARY / JULY SESSION)

[Strike out the Session whichever is not applicable]

Coole F. array Programe Pro	1.	Programme Name :	
2. Programe Code Code Code Code Code Code Code Cod		Group if, any	
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At Egypath (2) Finding (2) Finding (3) Finding (3) Finding (4) Fin	3.	Location ID 8. Aadhaar No.,	
5. Category At - Sen Cat ST Cot - OBC 10. Nationality At Defan 13. Sex At Make 25 Entangle 2	4.	A1 English 9. Date of Birth Signature of Candidate 92 Update	
2. Religion A1 Hindu 2. Religion A1 Hindu 2. Religion A1 Hindu 2. Mustal 3. Religion A1 Hindu 2. Mustal 3. Religion A1 Hindu 3. A1 Yes 3. Mustal 3. M	5.	Category A1 - Gen C3 - S1 (Write the relevant B2 - SC D4 - OBC B2 Female B2 Others B2 Female B2 Female B2 Female B3 - SC D4 - OBC	
6. Marriad Status All Married BZ Ummarried 12. Religion All Hindux BZ Ummarried DL Married BZ Muslim DS Christian DA Sish All Yes BZ Wood Power Micrority All Yes BZ No DA Sish All Yes DE Married DL All Yes Date of the Candidate (Leave one box empty between First Name, Middle Name and Sumame) (Please write Name as par 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) 19. Relevant Qualifications; (Which makes you eligible for the programme) 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.) 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.) 21. Landline Telephone Number (if any) with STD Code Tipicytone No. 22. Mobile Number of any) 23. E-mail Address/ID (et any) 24. Whether a genzon with Disability (insture of disability, (insture of disability, (insture of disability), (insture of disability), (institute of di		11. Territory Code At John 14. State Code	
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A1 Yes	27 Income:		
		A1 Yes	

28.	Key Skills (Ti	ck whichev	er a	pplicable)				
	IT Skills M.S. Office Web Design	•		ng 🗖 DTF	Programm	ing □ Anima	tion □		
	Repair & Maintenance Skills Computer repair Mobile Repair Photocopy Machine Repair Electrical & Electronic Repair								
	•	•			on Comm				
29.	Languages K	nown							
					Read	Write	S	peak	
	Mother Tongo	ue	<u> </u>						
						10/			
	Other Languages Known 1.		1		Read	Write	S	Speak	
	2. 3.								
	Employment Total Work Exp Current Emplo	erience: Yea			N	Months			
	Organization	Industry	De	signation	Department	Time From (dd/mm/yy)	Period To (dd/mm/yy)	CTC (in Lacs.)	
31.	Previous Emp	oloyment St	atus	(Up to last	five employers	s)			
[Organization	Organization Industry				Time Period		CTC	
	Organization	madelly	De	signation	Department	From (dd/mm/yy)	То	(in Lacs.)	
32.	Personal Info Physically Hand Driving (Tick wh Two Wheeler	licapped: iichever appli	cable	e):	Physic		ed Category		

Board/ University	Stream (Name of Course & Subjects)	Year of Passing	Percentage/ Division
	200101	University (Name of Course &	University (Name of Course &

33.(a) Educational Details

12th 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 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) 2. Name . 1. 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. Demand Draft/Challan Form for Programme fee/fee for 1st Year/1st Semester. Certificates in support of your educational qualification(s) (ii)

Age Certificate for SC/ST/PH/Kshamiri Migrant/War Widow candidates wherever required.

Experience Certificate wherever required.

Student Card duly filed in along with photograph.

Category Certificate wherever required.

(vii) Acknowledgement Card dully stamped.

(iii)

(iv)

(v)

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CATEGORY CERTIFICATE (I)

(i) SC/ST Candidates

This is to certify that Mr./Ms./Mrs		sc	on/daughter/wife
of Shri	of Village		Town
Dist	State/U.T		belongs to
Ca	ste which is recog	gnised as Scheduled	Caste/Scheduled
Tribe under the Constitution			
(Scheduled Caste Part C States)	Order 1951 read	with the SC/ST 1	ist (Modification
Order,1956)			
Mr./Ms./Mrs			
Village/Town	District	State U.T	·
(5	Signature of Tehsil	dar/Commissioner/D	istrict Magistrate)
Place :	Sign	ature :	
Date :		Seal/Samp	
This is to certify that Mr./Ms./Mrs.			
son/daughter/wife of Shri		£ V:110.00	T
Distt			
	State/U.T		belongs to
Distt	State/U.T		belongs to
Distt	State/U.T Cast	e who are eligible	belongs to
Disttbenefits as per central list of 5 to	State/U.T Cast	e who are eligible C(C) of Ministry of	belongs to for availing the Social Justice &
benefits as per central list of 5 to 13 Cs/OBC as per Resolution No empowerment as modified from to National Commission for	State/U.TCast . 12011/68/93-DC0 ime to time by tha Backward Cla	e who are eligible C(C) of Ministry of t Ministry based on asses. (NCBC).	belongs to for availing the Social Justice & the advice of the Mr./Ms./Mrs
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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
महोदः	य,
चाहत	निवेदन है कि मैं उच्च शिक्षा प्राप्ति के लिये महाविद्यालय में अपना नाम अंकित करवाना ।/चाहती हूँ। मेरा डॉ. सी.वी. रामन विश्वविद्यालय में नामांकन नहीं हुआ है। इस विश्वविद्यालय में पूर्व छात्र/छात्रा के रूप में नामांकन क्रमांकहै।
विवस	ग निम्नानुसार है :
1.	
1.	पूरा नाम (हिन्दी में)
2.	णित रामि का नाम
2. 3.	पिता / पित का नाम माता का नाम
3. 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 छायप्रति की माणित प्रति के साथ मूल प्रवजन प्रनाण पत्र, टी.सी. अंतराल प्रमाण पत्र अगर हो तो मूल प्रति ा करें। (समस्त अंक सूची की छाया प्रति अभिप्रमाणित हो).
प्रमाण	छ.ग. के बाहर के बोर्ड या विश्वविद्यालय से आने वाले छात्र को विश्वविद्यालय से जारी पात्रता पत्र संलग्न हो।
स्थायी	पता फोन नं
वर्तमान	न पता फोन नं
दिनांव	5 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 / १	प्रीमती / कु
आत्मर	ज / आत्मजा का नामांकन किया गया। जन अंकहै।
नामांक	oन अंकहै।

कुलसचिव डॉ. सी.वी. रामन् विश्वविद्यालय