CENTRAL UNIVERSITY OF HARYANA

(Established vide Act 25 (2009) of Parliament)

Jant-Pali, Mahendergarh, Haryana (Pin: 123029)
NAAC Accredited 'A' Grade University

ENROLLMENT FORM FOR UNDER GRADUATE/ POST GRADUATE/ RESEARCH PROGRAMMES Academic Year 2017-18

NOTE:

- (a) Read the information available on the University website carefully before filling the Enrollment form.
- (b) Please fill all the columns legibly in capital letters. The candidate shall be responsible for all entries. Attach all self-attested documents including copies of certificates of previous examinations passed, mark sheets, category certificate, character certificate etc. Before filling the Enrollment form, the candidates are advised to ensure their eligibility for the programme applied for in accordance with the eligibility conditions for the various programmes available on the University website. It will be the sole responsibility of the candidate to make sure that he/she fulfils all the conditions prescribed for admission. The decision of the University with regard to admission, shall be final.

Paste Here One

- (c) Incomplete or unsigned forms shall be rejected summarily.
- (d) Use only Blue/Black ink pen while filling the Form.

	Programme (UG/PG/RP) (Name of the Programme) Subject/Discipline:	Size Color Photograph (Self Attested) (DO NOT
	3. (a) Actual Category (SC/ST/OBC /UR) Category under which admission has been made (UR/SC/ST/ OBC (NCL if any others, please mention)	STAPLE) .)/OBC/PWD/Sports,
4.	CUCET Details: Roll No Application Id Marks Obta	ined
5.	Candidate Name (In CAPITAL Letters):	
6.	Father's Name: Mother's Name:	
7.	Gender: MALE Female Transgender	
8.	Nationality: Indian Other Name of the Country:	
9.	Religion: Hindu Muslim Christian Other	
10	. Aadhaar Number:	
	. Date of Admission:(dd/mm/yyyy) . Date of Birth:(dd/mm/yyyy) Place of Birth: State	

Email:			
PIN CODE			
PIN CODE			
PIN CODE			
Tel. No. / Mobile			
Email:			
Academic Qualifications (All the columns should be legibly filled): Qualifying Examination:	Tel. No. / Mobile		
Qualifying Examination:			
Qualifying Examination:	v filled):		
Examination Passed University Passing Marks Obt. Marks & Division /CGPA Matric Inter/ SSC/ 10+2 Graduation Post-Graduation M.Phil. NET/JRF/SLET/ GATE/M.Phil Board/ University Passing Marks Obt. Marks & Division /CGPA Subjects Passed Finding the Fellowship, the date which it is held: Date	-4:		
Examination Passed University Passing Marks Obt. Marks & Division /CGPA Marks Division /CGPA Marks Division /CGPA Marks Div	ation:		
Matric Inter/ SSC/ 10+2 Graduation Post-Graduation M.Phil. NET/JRF/SLET/ GATE/M.Phil Roll No. Year/ Month Year/ Month Date Month Month Year	Studied and		
Graduation Post-Graduation M.Phil. Roll No. Year/ GATE/M.Phil Roll No. Year/ Month Date			
Post-Graduation M.Phil. NET/JRF/SLET/ GATE/M.Phil Roll No. Year/ Month Subject Which it is held: Date			
Post-Graduation M.Phil. NET/JRF/SLET/ GATE/M.Phil Roll No. Year/ Month Year/ Month Date			
M.Phil. NET/JRF/SLET/ GATE/M.Phil Roll No. Year/ Month Subject Which it is held: Date Year			
NET/JRF/SLET/ GATE/M.Phil Roll No. Year/ Month Subject Which it is held: Date			
GATE/M.Phil Month which it is held: Date Month Year			
Date Month	from		
Any Other			
Examination			
Give details of publications & research work carried out, if any. (Please attach separate list,	if required)		
Under which clause (as per the Ph.D. admission notification) have you been admitted:			

c) Work Experience, if any					
d) State if there is any gap in your studies. Give period, reasons etc.:					
Any other relevant information:					
UNDERTAKING BY THE CANDIDATE					
I solemnly affirm that the information furnished above is true and correct in all respects. I have neither concealed nor fabricated any information. In case any information in this form is found to be false or incorrect at any time (during or after completion of the programme), this shall entail automatic cancellation of my admission, if granted, cancellation of the degree if awarded, besides rendering me liable to such an action as the University may deem fit. In the event of any medical or other emergency, my parent/s or Guardian may be contacted at the address given below:					
Name and address of local guardian/Parents (if any)					
Mobile No	Phone No	Email ID:			
Place:		Signature of the Candidate			
Date					
	•	Signature of Head/In-charge of the Department			
	Fo	or Office Use			
(To record de	tails of all the transactions/	alterations/development to take place after the enrolment)			