

Roll Number Allotted \_\_\_\_\_

Form Receipt No. \_\_\_\_\_

## CENTRAL UNIVERSITY OF HARYANA

(Established vide Act 25 (2009) of Parliament)

Jant-Pali, Mahendergarh, Haryana (Pin: 123029)

Tel: 01285-243401/32; Website: [www.cuh.ac.in](http://www.cuh.ac.in)

Email: [cuhadmission2015@gmail.com](mailto:cuhadmission2015@gmail.com)

### APPLICATION FORM FOR B.VOC PROGRAMME

Academic Session 2016-17

Paste Here One  
Recent Passport Size  
Color Photograph  
(Self Attested)  
(DO NOT STAPLE)

**Programme: B.Voc**

**Subject:** (Tick any one only)

**1. Retail & Logistics Management**

**2. Biomedical Science**

**3. Industrial Waste Management**

**Category:** ..... (UR/SC/ST/OBC-NCL<sup>1</sup>/PWD/Any Others)

**DD Number** ..... **Amount**..... **Issuing Bank**.....**Date**.....

#### NOTE:

1. Read the information available on website carefully before filling the application form.
2. Please fill all the columns legibly in block letters. The candidate shall be responsible for all entries. Please attach all self-attested documents including copies of certificates of previous exams passed, mark sheets, category certificate, character certificate etc. Before filling application 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 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 shall be final.
3. Incomplete or unsigned applications shall be rejected summarily.

**Name** (in CAPITAL letters):.....

**Father's Name :** .....**Mother's Name:** .....

**Gender (Male/Female/Transgender):** ..... **Date of Birth:**.....

**Correspondence Address:** .....

.....

**Phone No.** ..... **Cell No.** ..... **E-Mail Id**.....

**Permanent Address:** .....

.....

**Phone No.** ..... **Cell No.** ..... **E-Mail Id**.....

<sup>1</sup> Central Government List as updated from time to time

**Academic Qualifications (all the columns should be legibly filled):**

**Qualifying Exam: ..... Result/Percentage of marks in Qualifying Exam.: .....**

Examination Passed	Board/ University	Year of Passing	Max Marks	Marks Obtained	% of Marks & Division	Subjects Studied and Passed
Matric						
Inter/ SSC/ 10+2						
Graduation (B.A./B.Com/B.Sc)						
Post-Graduation (M.A./M.Com/M.Sc)						
Any Other Examination						

**a) State if there is any gap in your studies. Give period, reasons etc.:**

**Any other relevant information:**

[illegible]

**Declaration by the Candidate**

☐ I hereby declare that the information given above is true and my eligibility may be ascertained on the basis of the facts given above. I hereby also declare that I'll produce the original documents for verification at the time of counselling or whenever required by the admission committee. I hereby undertake to pay the fees and other charges as prescribed from time to time and will abide with the rules and regulations in force as amended by the University from time to time.

☐ In case I fail to produce the required documents on the stipulated date and time, my candidature may be thoroughly rejected.

Place:

**Signature of Candidate**

Date:

PERMANENT ADDRESS	MAILING ADDRESS
.....	.....
.....	.....
.....	.....
.....	.....
PIN CODE.....	PIN CODE .....
Tel. No. / Cell .....	Tel. No. / Cell .....
Email: .....	Email: .....

**UNDERTAKING BY THE APPLICANT**

I solemnly affirm that the information furnished above is true and correct in all respects. I have not concealed any information. In case any information in this application is found to be false or incorrect at any time (during or after completion of the course), this shall entail automatic cancellation of my admission, if granted, cancellation of the degree if awarded, besides rendering me liable to such 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:

**Signature of the Candidate**

Place:

Date:

Name and address of local guardian (if any).....

....., Phone No. ....

Email ID: .....

# Check List

S.no.	Documents	Check (✓)	
		Mark sheet	Certificate
1.	Mark-sheet & Certificate – Matric.		
2.	Mark-sheet & Certificate –Sr. Secondary.		
3.	Mark-sheet & Certificate –UG.		
4.	Mark-sheet & Certificate –PG		
5.	Date of Birth Certificate.		
6.	Character Certificate.		
7.	Experience Certificate.		
8.	Caste/Category Certificate.		
9.	Others		

Date:

Student's Signature \_\_\_\_\_

.....✂.....✂.....✂.....✂.....✂

## Acknowledgement

(To be filled in by Candidate)

Received one Application Form from Ms./Mr. ....  
 Daughter/son of ..... for B.Voc in subject..... on  
 .....2016.

Sign of Receiving Asst.