

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 Code 2.(a) Enrolment No. (For Office Use Only) 3. Study Centre Code 2.(b) Aadhaar No., if any 2.(b) Aadhaar No., if any 4. Date of Birth Date Month Page II	PHOTOGRAPH AFFIX (4 X 5 cm) duly attested
7. Category A1 - Gen C3 - ST (Write the relevant code in the box) 10. Category A1 - Gen C3 - ST 11. Marital Status A1 Married (Write the relevant B2 Unmarried) 12. Religion A1 Hindu D4 Sikh G7 Parsi B2 Muslim E5 Jain H8 Jews	Signature of Candidate
code in the box) C3 Christian F6 Budhist I9 Others 13. Whether Minority A1 Yes (Write the relevant B2 No (Write the relevant B2 War widow) 14. Social Status A1 Ex-serviceman (Write the relevant B2 War widow) (Write the relevant B2 War widow)	iri Migrant A1 Yes
code in the box)	B2 No
17. Father's/Husband's Name (Strick out whichever is not applicable)	
17(a).Mother's Name	
18(a). Whether a person with Disability (Write the relevant code in the box) A1 Yes B2 No 18(b). If a person with disability (nature of disability) (Write the relevant code in the box) A1 Speech and Hearing Impairment B2 Locomotor Impairment B2 Locomotor Impairment B2 Locomotor Impairment B3 Locomotor Impairment B4 Low Vision B5 Any other Please specify B2 C3 Private D4 Self Em	elevant code in the box) loyed imployed Employed
20. Details of Scholarship being received if any: (a) Annual Scholarship Amount (b). Deptt. Offering Scholarship (Write the relevant code in the box) A1 Govt. Deptt. B2 Other (c). Family Income (Yearly)	(d). Below Poverty Line A1 Yes B2 No
21. Relevant Qualifications: (Which makes you eligible for the programme) (a) Qualification (b) Main Subjects (c) Year of (d) Division (e) % of mark	ks (f) Board Code
Code (b) Main Subjects (c) Year of (d) Division (e) % of many passing (Last 2 (01.02.03 or (Do not use Digits only) 04) for pass Decimals)	(Wherever required)
22. Details of Fees (with the relevant code in box) B2 Cash Challan of Bank B3 Bank Draft Bank Name :	
Dalik Naline .	
24. 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	
25 Land Was Talleston a Number of Land Control of Contr	
25. Landline Telephone Number (if any) with STD Code 26. Fax No. (if any with STD Code) STD Code Fax No.	
27. Mobile Number (if any)]
28. E-mail Address/ID (if any)	٦

Read Write Speak Mother Tongue Other Languages Known Read Write Speak Mother Tongue Other Languages Known Read Write Speak Mother Tongue Other Languages Known Read Write Speak 1. 2. 3.	_	J Networkin	_	☐ Programm	ing 🗖 Anima	tion 🗖	
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mployment Details otal Work Experience: Years	1. 2. 3.						
Designation Department Time Period (in Lacs.) Time Period CTC (in Lacs.)	Organization			Department	From	То	CTC (in Lacs.)
Designation Department From (dd/mm/yy) (in Lacs.)							
Personal Information	-		tatus (Up to la	st five employe		Deviced	OTO
Personal Information	Previous Emp				Time From	То	CTC (in Lacs.)
Personal Information	-				Time From	То	1
Personal Information	-				Time From	То	1
hysically Handicapped: Physically Handicapped Category	Organization	Industry			Time From	То	1

34.(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				

	Certificate					
34.	(b) Any other Techn above :	ical / Vocational (Qualification /	Course you have	e done, in additio	on to
	Submit Please submit your re or upload your photog password. Job Preferences Are you willing to trav	graph on www.roj vel outside your sta	garmantra.cor ate for a job? (Y	n after receiving t	the username and	
	Salary Expected or C		•			
37.	Designation : Company :			2. Name Designation Company	:	
	I hereby declare that for which I seek addinformation in this recandidature shall be of any fee paid by printed in the Prosp	t I have read and mission. I fulfil the egard. In the event liable to cancellatime to the Universit	minimum eligibil of any informat on by the Unive y. Further, I hav	conditions of eligility criteria and I hion being found in ersity at any time we carefully studied not raise any dis	nave provided necent ancorrect or mislead and I shall not be d the rules of the	essary ling, my entitled to refund University as
		CH	HECKLIST	· ·		
	(ii) Certificates (iii) Experience (iv) Category Ce (v) Age Certificates (vi) Student Car		Programme fee/fee ucational qualificat equired. uired. amiri Migrant/War with photograph.	for Ist Year/Ist Sen iion(s)		

CATEGORY CERTIFICATE (I)

(i) SC/ST Candidates

This is to certify that Mr./Ms./N	Mrs	so	n/daughter/wife
of Shri	of Village		Town
Dist	State/U.T		belongs to
	Caste which is recognise	ed as Scheduled Caste	e/Scheduled
Tribe under the Constitution			
(Scheduled Caste Part C States	Order 1951 read with the	ne SC/ST list (Modifie	cation
Order,1956)			
Mr./Ms./Mrs		and his/her	family reside in
Village/Town	District	State U.T	
	(Signature of Tehsilda	r/Commissioner/Dist	rict Magistrate)
Place :	Signati	ıre :	_
Date :		Seal/Samp	
This is to certify that Mr./Ms./	. ,	s (only non-creamy la	•
son/daughter/wife of Shri			
Distt		_	
			-
		no are engine for	i avaiming the
benefits as per central list of 5 13 Cs/OBC as per Resolution N		of Ministry of Socie	al Justica &
empowerment as modified from		·	
	or Backward Class		
	and his/her family residual	·	
State U.T.	·		
	(Signature of Tehsilda	r/Commissioner/Dist	rict Magistrate)
Place :	Signat	ure :	
Date:		Seal/Samp	