

DR. C.V. RAMAN UNIVERSITY

APPLICATION FORM FOR ADMISSIONS

(JANUARY / JULY SESSION)
[Strike out the Session whichever is not applicable]

19. Relevant Qualifications: (when makes you eights for the programms) (a) Qualification (b) Main Subjects (c) Year of Passing (d) Division (e) % of marks (f) Board Code Passing (i) Foods (i) Foods (i) Foods (i) Foods (i) Foods (ii) Foods (iii) Foods (iii) Foods (iii) Foods (iii) Foods (iii) Foods (iiii)	1. Programme Name :	
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11. Tarrillory Code A 1 Urban B2 2 Royal C3 Tribat C3 Tr	5. Category A1 - Gen C3 - ST 10. Nationality A1 Indian 13. Sex A1 Male R2 Others	
6. Married Status A1 Advance B2 Unmarried B2 Musting B2 Unmarried B2 Musting B2 Unmarried B2 Musting B2 Mustin	code in the box) 11. Territory Code A1 Urban B2 Rural 14. State Code]
At Yes Registration No. Registration No. Respice of the Candidate (Laeve one box empty between First Name, Micide Name and Sumanne) (Please write Name as per your last qualification marksheel) 15. Name of the Candidate (Laeve one box empty between First Name, Micide Name and Sumanne) (Please write Name as per your last qualification marksheel) 17. Father's Husband's Name (Sirike out whichever is not applicable) 18. Mother's Name 19. Relevant Qualifications: (vinon messes you eigele for the programme) (a) Qualification (b) Main Subjects (c) Year of Producing (d) 12,2,33 cs. (D) not sea (Wherevor Producing) (a) Qualification (b) Main Subjects (c) Year of Ordinary (d) For parts (d) For notice (d) For not sea (Wherevor reculted) 20. Address for Correspondence (to not give Post Box No. Leave a transcribeteen earn unit of address like House No., Sinst Nems, P.O. etc) 21. Landline Telephone Number (d any) with 910 Doce STID Code 22. Mobile Number of any) 23. E-mail Address/ID (d any) 24. Whether a person with Disability (what the relevance ones in the box) At Yes (Note the relevance ones in the box) At Yes (Note the relevance ones in the box) At Yes (Note the relevance ones in the box) At Yes (Note the relevance ones in the box) At Yes (Note the relevance ones in the box) At Yes (Note the relevance ones in the box) At Yes (Note the relevance ones in the box) At Yes (Note the relevance ones in the box) At Yes (Note the relevance ones in the box) At Yes (Note the relevance ones in the box) At Yes (Note the relevance ones in the box) At Yes (Note the relevance ones in the box) At Yes (Note the relevance ones in the box) At Yes (Note the relevance ones in the box) At Yes (Note the relevance ones in the box) At Yes (Note the relevance ones in the box) At Yes (Note the relevance ones in the box) At Yes (Note the relevance ones in the box) At Yes (Note the relevance ones in the box)	6. Marital Status A1 Married 12. Religion A1 HIndu B2 Unmarried B2 Unmarried B2 Muslim 15. Whether	7
17. Father's/Husband's Name (Strike out whichever is not applicable) 18. Mother's Name 19. Relevant Qualifications: (when makes you a sgale for the programme) (a) Qualification (b) Main Subjects (c) Year of Pessing (distance) (7.(A) Registration No. (If Student already A1 Yes P3 No.	-
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19. Relevant Qualifications: (when makes you eights for the programms) (a) Qualification (b) Main Subjects (c) Year of Passing (d) Division (e) % of marks (f) Board Code Passing (i) Foods (i) Foods (i) Foods (i) Foods (i) Foods (ii) Foods (iii) Foods (iii) Foods (iii) Foods (iii) Foods (iii) Foods (iiii)		
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(Write the relevant code in the box) A1 Yes B2 No B2 No B3 A1 Yes B4 A2 Speech and Hearing Impairment B4 Locomotor Impairment B5 Locomotor Impairment B6 A7 other Please specify C6 Private Employed C7 Private Employed C8 Private Employed	STD Code Telephone No.	
(Write the relevant code in the box) A1 Yes B2 No B2 No B3 A1 Yes B4 A2 Speech and Hearing Impairment B4 Locomotor Impairment B5 Locomotor Impairment B6 A7 other Please specify C6 Private Employed C7 Private Employed C8 Private Employed	STD Code Telephone No.	П
B2 No B2 Laborator Impairment C3 Visual Impairment B2 Govt. Employed C3 Private Employed C3 Private Employed	23. E-mail Address/ID (fany)	
D4 Self Employed	23. E-mail Address/ID (fany) 24. Whether a person with Disability (write the relevant oods in the box) 25. If a person with disability (nature of disability) (Write the relevant oods in the box) (Write the	/ment Status relevant code in the box)
27. Income: (a) Family Income (Yearly) (b) Below Poverty Line	23. E-mail Address/ID (if any) 24. Whether a person with Disability (Write the relevant code in the box) A1 Yas B2 No 25. If a person with disability (nature of disability) (Write the relevant code in the box) A1 Speech and Hearing Impairment B2 Laborictor Impairment B3 Laborictor Impairment B4 Low Vision B5 Any other Please specify C5 Priva	relevant code in the box) ployed Employed te Employed
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B2 No Laboration in the second	23. E-mail Address/ID (if any) 24. Whether a person with Disability (write the relevant code in the box) A1 Yes B2 No	relevant code in the box) ployed Employed te Employed

28. Key Skills (Ti	ck whicher	ver applicable)	65			
IT Skills M.S. Office ☐ Web Design ☐	-	Typing □ DTP	Programm	ing Animat	tion 🗆	
Repair & Main Computer repair Electrical & El	air 🗆 Mobi	le Repair 🗆 Pl	notocopy Mach	ine Repair □		
5.77	135.55	J Administrati Other Skills				
29. Languages K	nown		****			
			Read	Write	S	oeak
Mother Tongu	ie					
Other Langua	ages Knowi	n	Read	Write	S	peak
1. 2. 3.						
	Total Work Experience: Years Current Employment Status Organization Industry De				Period To (dd/mm/yy)	CTC (in Lacs.)
1. Previous Emp	loyment S	tatus (Up to lasi	t five employers	;)		
Organization	nization Industry		- T	Time Period		CTC
	Desig	Designation	nation Department	From (dd/mm/yy)	To (dd/mm/yy)	(in Lacs.
		2			*	
					9	
32. Personal Info Physically Hand Driving (Tick wh	licapped:	licable):	Physic	cally Handicappe	ed Category	
Two Wheeler	Four Wh	eeler Both	☐ Driving L	icense No		

33.(a) Educational Details

Academic Qualification	Board/ University	Stream (Name of Course & Subjects)	Year of Passing	Percentage/ Division
8 th Standard		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
10 th Standard				
12 th Standard				
Graduation				
Post Graduation				
Ph.D				
Diploma				
Certificate				

Diploma				
Certificate				
(b) Any other Tec above :	chnical / Vocational Qualific	ation / Co	urse you have do	one, in addition to
	ur resume and latest passpo otograph on www.rojgarma			
Salary Expected	travel outside your state for our CTC (Rupees per Annum)		l) (Tick whichever	applicable)
	(Professional references a	 aro a muet	Y.	
	(i Tolessional Telefelices a			
EXCHANGES ACTUAL IN		2.		
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Phone No :			Phone No :	*********
seek admission. I regard. In the ever to cancellation by University. Furthe	DECLARATION That I have read and understood the fulfil the minimum eligibility crite and of any information being found the University at any time and I short, I have carefully studied the rule hall not raise any dispute in future	ne conditions eria and I have incorrect or nall not be en es of the Un	of eligibility for the power provided necessarisleading, my cand titled to refund of any iversity as printed in	ry information in this idature shall be liable rfee paid by me to the
Date				
			Signature of	of Candidate
Tick the relevant box	CHECKLI	51		
Affix photograph and (i) Demand (ii) Certifica (iii) Experier (iv) Categor (v) Age Cer (vi) Student	I enclose the following attested of Draft/Challan Form for Programme tes in support of your educational quoe Certificate wherever required. y Certificate wherever required tificate for SC/ST/PH/Kshamiri Migr. Card duly filed in along with photogedgement Card duly stamped.	fee/fee for Is ualification(s) ant/War Wido		r required.



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	
25:25:07(5)	कुलसचिव,
	डॉ. सी. वी. रामन् विश्वविद्यालय
	करगी रोड कोटा [*] , जिला–बिलासपुर (छ.ग.)
	नामांकन क्रमांक
महोद	य,
	निवेदन है कि मैं उच्च शिक्षा प्राप्ति के लिये महाविद्यालय में अपना नाम अंकित करवाना
चाहर	ा ∕ 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।
विवर	ग निम्नानुसार है :
1.	पूरा नाम (हिन्दी में)
	अंग्रेजी में (केपिटल लेटर में)
2.	पिता / पति का नाम
3.	माता का नाम
4.	जन्मतिथि (हा. सं. 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 सत्र
	अनुक्रमांकविश्वविद्यालय / विद्यालय
	10वीं 12वीं एवं समस्त बोर्ड / विश्वविद्यालय के परीक्षाओं की अंकसूचियों के छायप्रति की माणित प्रति के साथ मूल प्रवजन प्रमाण पत्र, टी.सी. अंतराल प्रमाण पत्र अगर हो तो मूल प्रति न 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।
स्थार्थ	। पता फोन नं.
	न पताफोन नं.
पतमा	기 역(II
दिनां	pआवेदक 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
आत्म	ज / आत्मजा का नामांकन किया गया। pन अंक हैं।
नामां	pन अंकहै।

कुलसचिव डॉ. सी.वी. रामन् विश्वविद्यालय