Application Form, Session: 2015-2016

It is mandatory for the applicant to keep a photocopy of the duly filled application form before submission. Please ensure that you carry the photocopy of this application form, two passport size photographs, original copies and 2 photocopies of all the certificates attached, when you report for counseling. 

Students applying for the B.E. program should also submit the OMR sheet along with the application form. OMR sheet should not be stapled or folded.

To be submitted to the Chief Admission Officer, Chitkara University

1. Name in full (block letters and as entered in class X examination certificate)

........................................................................................................................

Contact no. (Mobile no.)...................................................

E-mail ID:-.....................................................................

2. For graduate programs: Please tick the program of your choice and indicate the program preference with 1 being the most preferred

- B.E.  [ ] Civil  [ ] Computer Science  [ ] Electronics & Communication  [ ] Mechanical

JEE - MAINS 2015 Roll No.: .................................................................

- B. Architecture  [ ]

NATA Score.: .................................................................

- B. Pharmacy  [ ]

- Pharm D  [ ]

- B. Sc. Hospitality  [ ]

- BA in Journalism and Mass Communication  [ ]

- B. Sc. Allied Health Sciences  [ ]

- B. Optometry  [ ]

- B.Sc. Nursing (Basic)  [ ]

- B.Ed  [ ]

Please tick the program of your choice and indicate the program preference with 1 being the most preferred

- BBA  [ ]

- BCA  [ ]

- B. Com  [ ]

- BCA-MCA  [ ]

Postgraduate Programs

- MCA (Lateral Entry)  [ ]

- MA in Journalism and Mass Communication  [ ]

- M. Optometry  [ ]

Please tick the program of your choice and indicate the program preference with 1 being the most preferred

- M. Pharm - Pharmaceutics  [ ]

- M. Pharm - Pharmacology  [ ]

- M. Pharm-Clinical Research/Clinical Pharmacology  [ ]

- M.Pharm - Ph.D  [ ]

- M.E. Computer Science  [ ]
3. (a) Father’s name (as entered in qualifying examination certificate) ...........................................................................................................................................................................
   ...........................................................................................................................................................................
   Occupation...........................................................................................................................................................................
   ...........................................................................................................................................................................
   Office Address:...........................................................................................................................................................................
   Contact no. (Mobile no)...............................Landline no. (with STD code)...........................................................................................................................................................................
   E-mail ID:-...........................................................................................................................................................................

(b) Mother’s name (as entered in qualifying examination certificate) ...........................................................................................................................................................................
   ...........................................................................................................................................................................
   Occupation...........................................................................................................................................................................
   ...........................................................................................................................................................................
   Office Address:...........................................................................................................................................................................
   Contact no. (Mobile no)...............................Landline no. (with STD code)...........................................................................................................................................................................
   E-mail ID:-...........................................................................................................................................................................

4. Correspondence address:...........................................................................................................................................................................
   ...........................................................................................................................................................................
   Contact no. (Mobile no)...............................Landline no. (with STD code)...........................................................................................................................................................................

5. Permanent address:...........................................................................................................................................................................
   ...........................................................................................................................................................................
   Contact no. (Mobile no)...............................Landline no. (with STD code)...........................................................................................................................................................................

6. Date and Place of Birth [as per Class X Certificate]
   Date .............. Month ....................... Year ...................... Place .................................................. 

7. Nationality...........................................................................................................................................................................

8. State of domicile [attach proof]: Only if you belong to Punjab  □  Himachal Pradesh  □

9. Category (please tick □):
   General □  SC □  ST □  OBC □  Physically Handicapped □  Others [Please Specify] □ 
   (Attach proof, no proof required for general category)
   ...........................................................................................................................................................................
10. Blood group

11. Gender (please tick ✓):
   Male ☐  Female ☐

12. Marital Status (please tick ✓):
   Married ☐  Unmarried ☐

13. Hostel accommodation required (please tick ✓):
   Yes ☐  No ☐

14. Transport facility required (please tick ✓):
   Yes ☐  No ☐

If Yes, Place from where it is required:

Bus facility (For Himachal Campus) available from CHANDIGARH, MOHALI, PANCHKULA, ZIRAKPUR, PINJORE, KALKA, NALagarH, BADDI, PARwanOO & DERABASSI only

Bus facility (For Punjab Campus) available from CHANDIGARH, MOHALI, KHarAR, PANCHKULA, KALKA, ZIRAKPUR, AMBALa, PATIALA & RAJPURA only

15. Name and address of the Institution last attended:

16. Educational qualifications starting from Class X or equivalent:

   Class  | Board/University  | Year of Passing | Max. Marks | Marks Obtained | %age/CGPA
   10th   | ........................ | ........................ | ........................ | ........................ | ........................
   12th   | ........................ | ........................ | ........................ | ........................ | ........................

Details of Class 12th

   Subjects  | Max. Marks | Marks Obtained
   1         | ........................ | ........................
   2         | ........................ | ........................
   3         | ........................ | ........................
   4         | ........................ | ........................
   5         | ........................ | ........................

Graduation

   [For all post graduate programs]

   Semester  | Max. Marks | Marks Obtained | Percentage
   Year I     | ........................ | ........................ | ........................
   Year II    | ........................ | ........................ | ........................
   Year III   | ........................ | ........................ | ........................

   Board/University  | Year of Passing | Max. Marks | Marks Obtained | Percentage
   Year I     | ........................ | ........................ | ........................ | ........................
   Year II    | ........................ | ........................ | ........................ | ........................
   Year III   | ........................ | ........................ | ........................ | ........................
17. Were you (a) Ever debarred from any examination(s)?
   Yes ☐ No ☐ (please tick ☑)
   (b) Punished for misconduct?
   Yes ☐ No ☐ (please tick ☑)

If yes, please furnish details:...................................................................................................................

18. Declaration to be signed by the candidate:
I declare that I shall abide by the Statues, Ordinances, Rules, Orders etc. of the University that will be enforced from time to time. I will submit myself to the disciplinary jurisdiction of the Vice-Chancellor and the authorities of the University who may be vested with such power under the Act, Statues, Ordinances and the Rules that have been framed hereunder by the University. I have read the eligibility conditions for admission to this program and I fulfill it.

I also declare that the information given above is true and complete to the best of my knowledge and belief; and if any of it is found to be incorrect at any time during the program, my admission shall stand cancelled and I shall be liable to such disciplinary action as may be decided by the University. The decision of the University will be final.

Place:............................................... ..........................................................
Date:........................................... Full signature of the candidate

19. Declaration by the Parent/ Guardian:
I undertake the responsibility of paying all dues of my son/daughter/ward regularly and for his/her due compliance with all rules and regulations that are in force from time to time in the University.

Place:............................................... ..........................................................
Date:........................................... Full signature of the Parent/ Guardian

Enclosure Check List (tick whichever is applicable)
1. Attested Certificate and Mark sheet of Class X & XII.
2. Attested Certificate and Mark sheet of graduation (only for candidate applying for post graduate program).
3. Migration Certificate from the last Board/ University.
4. Bank Draft (if the form is downloaded) of ₹1100/- drawn in favour of Chitkara University payable at Chandigarh.
5. Two recent passport sized colour photographs with your name & date of birth clearly written on the reverse. The photographs need not to be attested.
6. Copy of Rank Card/incase result is not declared copy of Admit Card for class 12th & JEE-MAINS 2015 is required (only for B.E. admissions).
7. Affidavit signed by Executive Magistrate/ Notary is required in case of gap in studies.
8. *Character Certificate from the institution last attended.

*Format available on website www.chitkara.edu.in