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
Email: cuhadmission2015@gmail.com

APPLICATION FORM FOR B.VOC PROGRAMME Academic Session 2015-16

Programme: B.Voc

Subject: (Tick any one only)

- 1. Retail & Logistics Management
- 2. Biomedical Science
- 3. Industrial Waste Management

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

| Catego | ory: (UR/SC/ST/OBC-NCL ⁻ /PWD/Any Others) |
|-----------|---|
| DD Nu | mberDateDateDate |
| 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 programmes 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: |
| Corresp | oondence Address: |
| | |
| Phone | No E-Mail ld E-Mail ld |
| | nent Address: |
| · Cilliai | icit Address. |
| Phone | No E-Mail Id E-Mail Id |

¹ Central Government List as updated from time to time

| | ке | sult/Percent | age of mai | rks in Qualify | ing Exam.: | |
|--------------------------------------|----------------------|--------------------|--------------|-------------------|-----------------------------|-------------------------------|
| Examination Passed | Board/ University | Year of Passing | Max Marks | Marks Obtained | % of Marks & Division | Subjects Studie 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 | | your studies | . Give peri | od, reasons e | tc.: | |
| a) State if there | | your studies | . Give peri | od, reasons e | tc.: | |
| a) State if there | | your studies | . Give peri | od, reasons e | tc.: | |
| a) State if there | | your studies | . Give peri | od, reasons e | tc.: | |
| | | your studies | . Give peri | od, reasons e | tc.: | |
| a) State if there | | your studies | . Give peri | od, reasons e | tc.: | |
| a) State if there | | your studies | . Give peri | od, reasons e | tc.: | |
| a) State if there | formation: | | | | | |
| a) State if there | formation: | | | | | |

| basis of the facts given above. I hereby all verification at the time of counselling or will undertake to pay the fees and other charges and regulations in force as amended by the Ur | bove is true and my eligibility may be ascertained on the lso declare that I'll produce the original documents for henever required by the admission committee. I hereby as prescribed from time to and will abide with the rules niversity from time to time. Into on the stipulated date and time, my candidature may |
|---|--|
| Place: | Signature of Candidate |
| Date: | |
| PERMANENT ADDRESS | MAILING ADDRESS |
| | |
| | |
| PIN CODE | |
| Tel. No. / Cell | |
| Email: | Email: |
| UNDERTAKI | ING BY THE APPLICANT |
| concealed any information. In case any informany time (during or after completion of the admission, if granted, cancellation of the degree of | hed above is true and correct in all respects. I have not nation in this application is found to be false or incorrect at course), this shall entail automatic cancellation of my ree if awarded, besides rendering me liable to such action ant of any medical or other emergency, my parent/s or en below: |
| Place: | Signature of the Candidate |
| Date: | |
| Name and address of local guardian (if any) | |
| | , Phone No |
| Email ID: | |

Check List

| S.no. | Documents | Chec | 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) | | | | |
| | • • | from Ms./Mr for B.Voc in su | | | |

Sign of Receiving Asst.