

**Central University of Punjab
REGISTRATION FORM**

Registration No: _____
 Academic Session: _____
 School/Department: _____

 Programme: _____
 Semester: _____

For Official Use:
 Fee Detail:
 Amount: _____
 Cash Receipt No./D.D. No./Wire transfer
 detail: _____

 Date: _____

Affix Passport
 Size Photo Self
 attested

1	Name of Student in Full (in English Block Letters) Mr./Ms./Mrs. (As per DoB Certificate)				
2	Name of Student in Full (in Hindi)				
3	Father's Name (in English Block Letters)				
4	Father's Name (in Hindi)				
5	Mother's Name (in English Block Letters):				
6	Mother's Name (in Hindi):				
7	Age and date of birth				
8	Aadhar No.				
9	Insurance Policy (The University advises medical insurance to the applicant to meet expenditure against any unforeseen health hazard or physical injury or health risk. Failure to fill this column shall not make University liable)*				
10	Nationality & Religion				
11	Category: SC/ST/OBC(NCL)/EWSs/General (Attach proof in relevant cases)				
12	Minority Students (Yes/No) if Yes, Mentioned the Minority Community (Muslim/Sikh/Parsi/Buddhist/Christian/Jain)				
13	Annual Income of Parents (from all sources)				
14	Economically Deprived/Backward? (Yes/No)				
15	Detail of previous registration, if any				
16	Present Address: Email (BLOCK LETTERS) Student Mob No.		Permanent Address (with documentary Proof): Emergency Contact No. (Any Change in address of contact number must be informed by the students or parents with supporting documents.)		
17	Examination passed	University/College	Year	Major Subjects	Percentage/CGPA
	10 th (Matric)				
	10+2				
	Graduation				
	Post-Graduation				
	Others, if any				
18	Details of the National Level Examination(s) passed/ Fellowship: for Ph.D- CSIR/UGC/ICMR/DBT-JRF, CSIR/UGC/ASRB- NET, DBT-BET, JEST (Physics), GATE, GPAT, DST-INSPIRE OR any other, if any for PG - GATE, GPAT (for M.Tech. & M.Pharm. Students, if claimed)				
	Description	Subject	Year	Score	
19	Fellowship if any?				

Declaration by the applicant

I hereby declare that the information furnished above are true to the best of my knowledge and belief and if admitted I shall abide by the rules and regulations of the University.
***I have not mentioned the detail of my Insurance Policy. I understand its implications and do hereby undertake that the University shall not bear any liability for any physical harm/injury or health hazard to me during my stay at the University.**

Place: _____
 Date: _____

Signature of the applicant

Declaration by the Parent/Guardian

In the event of Mr./Ms./Mrs./_____ being admitted to the University I shall be responsible for his/her conduct and support the University.

Place: _____
 Date: _____

 Name, address and
 Signature of the parents/Guardian with
 contact number.

Head of the Department

Dean of the School