

**Central University of Punjab**  
**REGISTRATION FORM**

Registration No: \_\_\_\_\_  
Academic Session: \_\_\_\_\_  
School/Centre: \_\_\_\_\_  
Course: \_\_\_\_\_  
Semester: \_\_\_\_\_

**For Official Use:**  
Fee Detail:  
Amount: \_\_\_\_\_  
Cash Receipt No./D.D. No./Wire transfer detail:  
\_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_



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.	Aadhar No.				
8.	Date of birth/ Blood Group				
9.	Nationality				
10.	Religion				
11.	Category: SC/ST/OBC/Gen (Attach proof in relevant cases) if OBC (Then belongs to Creamy Layer or Non-Creamy Layer)				
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:  Emergency Contact No. <b>(If on verification the details provided are found to be incorrect, strict disciplinary action shall be taken)</b>		
17.	<b>Examination passed</b>	<b>University/College</b>	<b>Year</b>	<b>Major Subjects</b>	<b>Percentage/CGPA</b>
	10+2				
	Graduation				
	Post Graduation				
	Others, if any				
18.	<b>Details of the National Level Examination(s) passed/ Fellowship: CSIR/UGC/JRF/NET/GATE/SLET/GPAT</b>				
	<b>Description</b>	<b>Subject</b>	<b>Year</b>	<b>Score</b>	
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.

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

**Coordinator of the Centre**

**Dean Academic Affairs**