

ANTI RAGGING- UNDERTAKING BY THE STUDENT

I, _____ (full name of student with Institute Roll Number) _____ s/od/o _____ Mr./Mrs./Ms. _____, having been admitted to _____ (name of the institution), have received or downloaded a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

3) I hereby solemnly aver and undertake that

a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.

b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

4) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

5) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

6) Along with the above mentioned points I do hereby declare that

a. I will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity while in and off the institution campus.

b. I will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6.a).

Undertake this _day of _____ month of _____ year.

Signature of Student

Name: _____

ANTI RAGGING- UNDERTAKING BY THE PARENTS/GUARDIAN

I, Mr./ Mrs./ Ms. _____
_____(full name of parent/ guardian) father/mother/guardian of , (full name of student with University Roll Number) , having been admitted to _____(name of the institution) , have received or downloaded a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (herein after called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.

1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

3) I hereby solemnly aver and undertake that

- a) My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
- b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

4) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

5) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

6) Along with the above mentioned points I do hereby declare that

- a) My ward will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity while in and off the institution campus.
- b) My ward will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6.a).

Declared this _____ day of _____ month of _____ year.

Signature of Parent/Guardian

Name:

Address:

Telephone/ Mobile No.:

PROFORMA FOR THE AFFIDAVIT FOR GAP PERIOD

I, _____ S/o _____, and resident of _____ do hereby solemnly state & affirm as under:-

- (1) That I am a resident of above said address.
- (2) That I have passed _____ class in the year _____ from _____ School/ College / Institute/ University.
- (3) That I have not joined/admitted in any School/College/Institution due to _____. (Reason)
- (4) That there is a GAP in my studies from _____ to _____.
- (5) That during this period I was not involved in any offence or in an illegal activity and that no Criminal case is pending against me in any court of law.
- (6) That I command a good reputation and respect in general public.

Deponent (Student)

Verification:-

Verified that the contents of my above said affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed or misrepresented therein. In case the above facts are found in correct at any stage then my admission can be cancelled by the University.

Date:

Place:

Deponent (Student)

Self-declaration certificate related to Health

- Name of Candidate:-.....
- Age:.....
- Permanent address:-
.....
.....
- Programme opted:.....

Health related declaration by the Candidate

1. Have you ever suffered from?

- | | |
|---|---------|
| a. Diabetes mellitus | Yes/ No |
| b. High blood pressure | Yes/ No |
| c. Any disorder of eye/ ear/ nose/ throat | Yes/ No |
| d. Any anomaly related to liver/reproductive system | Yes/ No |
| e. Any ailment related to brain/nervous system/stroke/paralysis/epilepsy | Yes/ No |
| f. Anemia or any blood related chronic disorder | Yes/ No |
| g. Musculoskeletal disorder like chronic arthritis/ chronic back pain/ slip disc etc. | Yes/ No |
| h. Any disease like Hepatitis B or C, HIV or any sexually transmitted infection | Yes/ No |
| i. Any h/o chest pain/ palpitation or any heart related disorder | Yes/ No |
| j. Any chronic disease related to kidney or urinary system | Yes/ No |
| k. Any chronic disease of Gastrointestinal tract like duodenal ulcer, fistula/piles | Yes/ No |
| l. Any endocrine related disorder like thyroid | Yes/ No |
| m. Any chronic gynecological problem for female | Yes/ No |
| n. Any other disease not mentioned above | Yes/ No |
| 2. Do you have any physical deformity | Yes/No |
| 3. Do you have any congenital defect | Yes/No |
| 4. Have you ever been treated for any cancer/tumor/cyst or other growth | Yes/No |

If the answer to any of the above question is yes give detail as

- Name of disease
- Treatment detail
- Treating Doctor
- Any other information related to disease

University is not responsible for the treatment/ complication arises from any of chronic disease and student will have to keep with them all the medicines/ equipment/record or any other thing related to his/ her particular disease.

Declaration

I, hereby declare that the above mentioned statements are true to the best of my knowledge and belief.

(Signature of Candidate)

Place:

Date:

Central University of Punjab, Bathinda.

Eligibility / Documents Checking Report for Ph.D. Programme

CUET / other test Roll No.		CUET ID/ Application No.		CUET Entrance Score/ other test score	
Provisional Seat allotted in: _____ Name of Candidate: _____ Date of Birth: (DD/MM/YYYY) _____ Category _____					Affix recent passport size color photograph
Checklist of Original documents and self-attested photocopies:-					

S. No.	List of Documents	Self-Attested Photocopy	Original	Remarks (Yes or No)
1.	CUET Admit Card/Score Card/Print of application form	Self-Attested Photocopy	-	
2.	Secondary School (Class 10th) Marks Sheet Or Valid Certificate of DOB	Self-Attested Photocopy	-	
3.	Post-Graduation Marks List or Grade Sheet (As applicable) – First Year	Self-Attested Photocopy	-	
4.	Post-Graduation Marks List or Grade Sheet (As applicable) – Second Year/Transcript	Self-Attested Photocopy	-	
5.	Graduation Degree/Post Graduation Degree	Self-Attested Photocopy	-	
6.	Aadhaar Card/ Passport and Visa Copy (in case of International Student)	Self-attested Photocopy		
7.	Registration Form	-	Original	
8.	Medical Fitness Certificate	-	Original	
9.	NOC from Employer (in case of Part-time admission only)	-	Original	
10.	Declaration related to health	-	Original	
11.	Anti-Ragging Form duly signed by the Student & Parent/Guardian	-	Original	
12.	Certificate of Conduct from Head of Institution/Character Certificate	-	Original	
13.	Migration/Transfer Certificate	-	Original	
14.	Latest category certificate (SC/ST/OBC(NCL)EWSs /PWD) as per GOI rules OBC (NCL)	Self-Attested Photocopy		
15.	Undertaking for gap year, if applicable.	-	Original	
16.	CSIR-UGC-NET, JRF/GATE/GPAT or any other national level test (with existing validity) recognized by UGC, if applicable	Self-Attested Photocopy	-	
17.	Undertaking of E-Brochure guidelines & Instructions		Original	
18.	Any other document if needed (.....)	Self-Attested Photocopy		
19.	Two recent passport size photographs	-	-	

If any of the above mentioned certificates found wrong, I will bear the consequence including cancellation of the seat without fee refund.

(Signature of Candidate)

(Eligibility Check)

Marks Obtained in Qualifying Examination (in %) _____

(Tick the right one)

- Above information provided by the candidate is found correct as per the eligibility guidelines of the CUPB admission and he/she is eligible for **Final Seat Allotment**. **OR**
- Above information provided by the candidate is found correct as per the eligibility guidelines of the CUPB admission and he/she is eligible **for Final Seat Allotment** subject to the **undertaking given by the candidate** **OR**
- Candidate not found eligible, his/ her seat may be cancelled.

Seat may be allotted /Seat may be cancelled

(Faculty Member)
(Signature with Name)

(HoD/Officiating HoD)
(Signature with Name)

Admission Approved / Admission Cancelled

Dean of the School

Central University of Punjab, Bathinda

Undertaking for Pending Documents

I _____(Name), _____(CUET
ID), _____ (CUET Roll No./ Application No.) applied for admission to
_____(Programme). I have not brought the following
documents with me:

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

I request you to kindly allow provisional admission to me. I shall submit the above mentioned documents by _____, failing which my candidature be cancelled.

Full Signature: _____

Name : _____

Date : _____

**Provisional Seat Allotment Slip
(Office copy)**

CUET Roll No.	-----	CUET ID/Application No.	-----	CUET Entrance Score (SCORE)	-----
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Provisional Seat allotted in: _____

Name of the candidate: _____ **Date of Birth: (DD/MM/YYYY)** _____

Category _____ **Fellowship** _____

Provisionally seat allotted **Registration No.** _____ **Admission (January/July Intake)**

(Faculty Member)
(Signature with Name)

(HOD/ Officiating HoD)
(Signature with Name)

(Note: This slip is being issued to the candidate after document verification for allotment of Hostel and library ID card purpose only)



**Provisional Seat Allotment Slip
(Student copy)**

CUET Roll No.	-----	CUET ID/Application No.	-----	CUET Entrance Score (SCORE)	-----
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Provisional Seat allotted in: _____

Name of the candidate: _____ **Date of Birth: (DD/MM/YYYY)** _____

Category _____ **Fellowship** _____

Provisionally seat allotted **Registration No.** _____ **Admission (January/July Intake)**

(Faculty Member)
(Signature with Name)

(HOD/ Officiating HoD)
(Signature with Name)

(Note: This slip is being issued to the candidate after document verification for allotment of Hostel and library ID card purpose only)

**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: _____

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 Nationality
9 Religion
10 Category: SC/ST/OBC/Gen (Attach proof in relevant cases)
11 Annual Income of Parents (from all sources)
12 Detail of previous registration if any

13 Present Address:

Email (BLOCK LETTERS)
Student Mob No.

Permanent Address:

Emergency Contact No.

14	Examination passed	University/College	Year	Major Subjects	Percentage/CGPA
	10+2				
	Graduation				
	Post-Graduation				
	M.Phil.				

15 Details of the National Level Examination(s) passed/ Fellowship: CSIR/UGC/JRF/NET/GATE/SLET/GPAT

Description	Subject	Year	Score

16 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

Head of the Department

Dean Incharge Academics

UNDERTAKING BY THE STUDENT

I, _____ S/o / D/o. of Mr./Ms. _____

Programme _____ Registration

No. _____ have carefully read and understood the contents of the **Guidelines &**

Instructions for the students mentioned below:-

- I. Information Technology Policy**
- II. Rules for the Library Members**
- III. Gym Instruction & Timing**

Further, I undertake that I will abide by all the rules mentioned above. Failing which necessary disciplinary action be initiated against me.

Place:

Date:

Signature of Student

(Note: Above undertaking be submitted at the time of document verification.)