

CENTRAL UNIVERSITY OF RAJASTHAN

NH-8, BANDARSINDRI -305817

ADMISSIONS: 2025-2026

REGISTRATION FORM

Enroll No.

Note: All entries in this form should be made by the student in his/her own handwriting in pen and legibly written. No column should be left blank.

Affix latest colour
Passport size
Photograph here and
sign below in the
space provided

1. Name of the Student (in CAPITAL letters as in the SSC/Matriculation Certificate)

(a) In English: _____

(Surname)

(First and Middle Names)

(b) In Hindi: _____

Signature of the student

2. Date of **Admission** (dd/mm/yyyy): _____

3. Admitted to the programme Name: _____

4. Date of Birth (dd/mm/yyyy): _____

5. Sex: Male [] Female [] Third Gender []

6. Blood Group: _____

7. Religion: _____

8. Category to which you belong: GEN [] SC [] ST [] OBC [] EWS []

9. Whether belong to Minority: YES [] NO []

If Yes, Muslim [] Sikh [] Christian [] Buddhist [] Parsis []

10. Category against which the candidate is Admitted GEN [] SC [] ST [] OBC [] EWS []

11. Whether: PWD [] If PWD [Type of PWD..... Percentage of Disability%.

12. Whether: Ward of Ex. Service Man [] Ward of NRI [] Ward of Defense Personnel [] Kashmiri Migrant [] Gulf Country []*
(* Parents/Guardian working in Gulf County)

13. Marital Status: Married [] Unmarried []

14. Nationality: Indian [] Foreign [] If foreign national, provide particulars Nationality: - _____

15. Local/Present Address: _____

Contact (Mobile/Phone): _____ Email: _____

16. Permanent Address: _____

Contact (Mobile/Phone): _____ Email: _____

17. Annual Income of the Parents / Guardian (if): Rs. _____

(a) Father's Name: _____ Occupation: _____ Annual Income Rs. _____

(b) Mother's Name: _____ Occupation: _____ Annual Income Rs. _____

(c) Guardian's Name: _____ Occupation: _____ Annual Income Rs. _____

(if both the parents are not alive)

Guardian's Relationship with the Student: _____ Phone/Mobile: _____ Email: _____

18. Native Place: _____ District: _____ State: _____

Distance from Jaipur: _____ k.m. Nearest Railway Station: _____

19. Past Academic Record:

Examination Passed	Name of the University/Board	All subjects Studied and Passed.	Month & Year of Passing	RESULT					Remarks
				Max. Marks	Min. Marks for pass	Marks obtained	% of Marks	Div. / Class	
Matric (10 th) / SSC/equivalent									
Senior Secondary (12 th)/Equivalent									
Bachelor's Degree: B.A. /B.Sc/ B.Com./B.E./ B.Tech/B. Pharm. etc.									
Any other Degree / Diploma									

**Note: Attested copies are to be furnished at the time of admission along with the original certificates.*

20. Do you need hostel accommodation in Bandarsindri campus? Yes [☐] No [☐]

21. Any other relevant information: _____

22. Name of person to be contacted in emergency: _____

Mobile / Phone No. : _____ Email: _____ Relationship: _____

23. DECLARATION BY THE STUDENT

I understand that my admission to the programme I applied for is subject to the fulfillment of the eligibility criteria and verification of the relevant documents.

I hereby declare that all the information furnished by me in this registration form and in the documents enclosed are true, complete and correct to the best of my knowledge. In case any information is found to be false or incorrect at any time (during or after completion of the course), this shall entail automatic cancellation of my admission if granted, and cancellation of the degree if awarded, besides rendering me liable to such action as the University may deem fit. In the event of any medical or other emergency, my parent(s)/ guardian may be contacted at the address given in the form.

I will abide by the rules and regulations with regard to semester wise registration and credit system adopted by the University.

I hereby agree to abide by all the rules and regulations of the University, both existing and that may be made from time to time and submit myself to the disciplinary jurisdiction of the Vice-Chancellor and the other authorities of the Central University of Rajasthan. I shall neither indulge myself or instigate any other student in ragging or create nuisance to the academic atmosphere of the University. In case of any act of misconduct on my part I will be liable for action by the University and in such an event or in case of or any disciplinary proceedings against me, the University have freedom to inform my parent(s)/guardian.

Place:

Date:

(Signature of the Student)

24. DECLARATION BY THE FATHER/MOTHER/GUARDIAN:

My son / daughter / wife / ward Sri/Smt/Kumari
is provisionally admitted to the University. I hereby undertake that I shall be responsible for payment of all his/her fee and other charges including any emergency, medical or other expenses incurred by the University. In case any information in this form and the documents enclosed are found to be false or incorrect at any time (during or after completion of the course), this shall entail automatic cancellation of my son's/daughter's/ward's admission if granted, and cancellation of the degree if awarded, besides rendering him/her liable to such action as the University may deem fit. Further, I may be contacted in the event of any emergency as determined by the University and I hereby promise that I will make myself present before the University authority at my own cost whenever the University requires my presence.

Place:	Signature:
	Full Name:
Date:	Relationship with the student:
	Telephone No.:

Note: The signature of the parent in the application form and this registration form will be considered as basis for all verification purposes in the University

FOR OFFICE USE ONLY

All the certificates and documents have been verified. The candidate may be provisionally admitted to the Programme.

Admitted / Rejected

**HoD / Coordinator/ Departmental Admission Committee
Date:**