



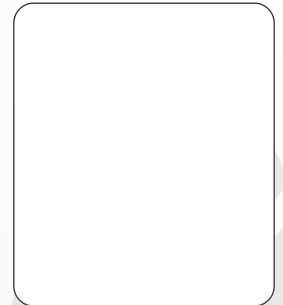
# KALINGA UNIVERSITY

**Campus:** Kalinga University, Village Kotni, Near Mantralaya, Naya Raipur – 492101, Chhattisgarh.  
**Mob:** 9303097002-10, **Email id:** kalingauniversity1@gmail.com **Website:** www.kalingauniversity.org

## APPLICATION FORM

Please fill in **BLOCK CAPITAL LETTERS**.

This form requests a significant amount of personal information. This is required so that we can decide on your suitability for the course you are applying for. The information you provide will be used for this purpose. It will be treated in confidence and will only be seen by those whose jobs require them to do so.



### 1. Course title ( Code)

.....

Session: .....

### 2. Personal details

Title: Mr. / Ms. etc.:         Gender: Male  Female  Date of Birth 

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name         Last Name

General  SC  ST  OBC  PH (Physically Handicapped)

Permanent Address:

City         Post Code     State

Correspondence Address : (If different)

City         Post Code     State

Mob.         Std Code     Land Line

E-mail

Local Guardian Name

Address .....

Relation .....

### PLEASE INDICATE HOW YOU HEARD ABOUT THE COURSE (Please tick relevant boxes)

- Advertisement .....
- Colleague/Friend .....
- Education Fair.....
- Internet.....
- Personal enquiry to Kalinga University .....
- Direct Mail .....
- Other : (please Specify) .....

### 3. Academic Qualifications

Level, eg: X, XII, BA, B.Sc, B.Com., M.Com etc.	Name of the Institute (School, College)	Name of Board/University	Passing out Year	Results (grade or %)

### 4. Academic Achievements(attach additional sheet(s), If necessary)

High School Level (Class I to X)	
Sr. Secondary Level(Class X + 2)	
Graduate / PG Level	
Any Other	

### 5. Extra Curricular Activities / Achievements (attach additional sheet(s), if necessary)

High Secondary Level (Class I to X)	
Sr. Secondary Level (Class X+2)	
Graduate / P.G. Level	

### 6. Employment and Work Experience (attach additional sheet (s), If necessary)

Please give details of work experience, training and employment in reverse chronological order.

Name of Organisation	Designation	Full Time or Part Time	From		To	
			Month	Year	Month	Year

### 7. Family Details

Name, Address of Parents.

<b>FATHER</b>	Name:			<b>MOTHER</b>	Name:		
	Address:				Address:		
	Employer:				Employer:		
	Designation:	Fax:			Designation:	Fax:	
	E-mail:	Mob.:			E-mail:	Mob:	

**8. Brother / Sister (s) Details**

Relation	Name	Organisation	Designation	Mob.	E-mail

**9. Facilities Required : Please tick the desired option**

- A/C Hostel Room
  Campus Transport  
 Non-A/C Hostel Room

**10. Languages Known**

Read .....  
 Write .....  
 Speak .....

**11. Please tick the areas in which you are good / have performed / have contributed in the past**

- |                          |                          |                         |                          |
|--------------------------|--------------------------|-------------------------|--------------------------|
| 1. Public speaking       | <input type="checkbox"/> | 15. Teaching            | <input type="checkbox"/> |
| 2. Dramatics             | <input type="checkbox"/> | 16. Calligraphy         | <input type="checkbox"/> |
| 3. Singing               | <input type="checkbox"/> | 17. Painting            | <input type="checkbox"/> |
| 4. Dance                 | <input type="checkbox"/> | 18. Art & Craft         | <input type="checkbox"/> |
| 5. Training              | <input type="checkbox"/> | 19. Textile Design      | <input type="checkbox"/> |
| 6. Electronics/Robotics  | <input type="checkbox"/> | 20. Fashion Design      | <input type="checkbox"/> |
| 7. Computers             | <input type="checkbox"/> | 21. Interior Design     | <input type="checkbox"/> |
| 8. Networking            | <input type="checkbox"/> | 22. Musical instruments | <input type="checkbox"/> |
| 9. Web Design            | <input type="checkbox"/> | 23. Swimming            | <input type="checkbox"/> |
| 10. Computer Programming | <input type="checkbox"/> | 24. Music               | <input type="checkbox"/> |
| 11. Athletics            | <input type="checkbox"/> | 25. Quiz                | <input type="checkbox"/> |
| 12. Indoor games         | <input type="checkbox"/> | 26. Presentation        | <input type="checkbox"/> |
| 13. Outdoor games        | <input type="checkbox"/> | 27. Debate              | <input type="checkbox"/> |
| 14. Event Organisation   | <input type="checkbox"/> | 28. Social Work         | <input type="checkbox"/> |

Any Other \_\_\_\_\_

**12. Declaration**

I confirm that the information given on this form is true, complete and accurate and none of the Information requested or other material information has been omitted. I accept if it is discovered that I have supplied false, inaccurate or misleading information, Kalinga University reserves the right to cancel my application, withdraw its offer of a place or terminate attendance at the Kalinga University and I shall have no claim against Kalinga University in relation thereto.

Applicant's Name \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# CHECK LIST

For Office Use Only

- Candidate Name
- Course Title & Semester
- DOB Proof (Matriculation Certificate, Passport Copy)
- Proof of Educational Qualifications (Original) (10th Certificate/ + 2 Certificate/ Graduation Certificate / Provisional Degree/ Migration certificate)
- Proof of Educational Qualifications (Photocopy) (10th Certificate/ + 2 Certificate/ Graduation Certificate / Provisional Degree/ Migration Certificate)
- Proof of Employment (Experience Certificate, Pay slip)
- 6 Passport size photographs

## Remarks

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Name .....

Designation .....

Signature .....

Date .....