

Appl. No.

ISC - 17

Tel. +91-80-4012 9105/9439

Fax. (080) 40129000 www.christuniversity.in

International Students Application Form (SAARC / Africa & Other Foreign Nationals)

Affix Passport size photograph 35 mm x 45 mm size In Formal Dress with White Background

No

UG PG Course / Programme Applied for : Name of the candidate: Male () Female () Rural () Urban () Name of the candidate as per marks card: Sports Person: Yes No Date of Birth: D D M M Y Y Y Differently Abled: Yes No If Yes, (Specify) Place of Birth: State: _____ Country of Birth: _____ Blood Group: ____ Country Code: _____ Nationality: _____ Phone Details: Mother Tongue: _____ Religion: _____ Area Code:_____ Phone No: _____ Mobile No: ____ If Christian: Catholic: Email: ____ Non-Catholic: **Passport Details** Passport No: _____ Passport Issuing Country: _____ Valid up to: ___ Resident Permit (RP) No (If available): _____ Student visa: Yes | No Medical Certificate: (Yes) (No) **Current Address Permanent Address** Address: Address:_____ City: _____ State: _____ City: _____ State: _____ Country: _____ Pin Code: _____ Country: _____ Pin Code: _____ Academic Record Class Marks /Degree Institution Attended Board/University State / Country Year Attempts 10 12 * Specify the Bachelors Degree name, e.g. BA, B.Sc, B.Com, BBM, BBA, BE, B.Tech etc **English Proficiency:** English Language Proficiency: Poor Average Good If good specify: a) Native speaker: b) Studied in English medium: c) TOEFEL/IELTS Scores: (Enclose Certificate).

Would you like to join Intensive English Language Course: March – May 2017?

Details of Parents	
Father's Name:	Mother's Name:
Qualification:	Qualification:
Current Income :	Current Income :
Income per annum:	Income per annum:
Occupation:	Occupation:
Educational Background of Siblings	
Encircle and write the educational qualification of your Sik	olings B for Brother, S for Sister,
	. B S
l — —	. B S
	. BS
Guardian Name and Address	
Guardian's Name:	Relationship:
Address line:	
	Country: Pin Code:
Phone No: Mobile No:	
How did you know about this course: Advertisement	t Alumni E-MailFacebookFriends
Others	Poster Relatives School Website
Reasons for Applying:	
UNDE	RTAKING
declare that if I do not have at least 85% attendance in each the ideals of the University and my conduct is not good definition of ragging, the Vice Chancellor/the Registrar	rsity and strive to excel in my studies with all ability. I hereby th subjects at the end of each semester. And if I do not keep up and indulge in any behavior or act that may come under the c/Office of Admission/Controller of Examinations/Depart/detain me or terminate my admission at any time during my ations of this Institution
Date:Signature of the Parent/Guardian:	Signature of the Candidate:
FOR OFFICE USE ONLY	
	, Date:, Signature of the Official:
Admitted Into:, Date:	, KEGISTKAK:

STATEMENT OF UNDERSTANDING

- 1. I understand and agree that I will fall under SAARC, AFRICA and Other Foreign National Category and the program fee will be as applicable and binding.
- 2. I understand and agree that I should send the following documents within 15 working days of receiving this application form, else the application stands "Rejected";
 - a. The Filled in Application Form duly signed by the parent and the candidate
 - b. Application fee in Demand Draft for US \$ 100 or Equivalent in Indian Rupees or copy of the bank transaction certificate for having transferred US \$ 100 or equivalent Indian Rupees to Christ University Account No:

Name of the Bank: The South Indian Bank Limited

Bank Branch & Address: Christ University Branch, Christ University Campus, Hosur Road

District: Bengaluru
Pincode: 560029
State: Karnataka

Branch Code Number: 0396

Bank A/C No.: 0396053000015000

MICR code of the Bank: 56005910
SWIFT code: SOININ 55
IFSC Code: SIBL0000396

- c. Photocopies of Class 10, Class 12 and Degree Marks Statement (as applicable)
- d. 2 passport size (Photo size of 35mm x 45 mm with White background Standard Indian Passport Format Only) and 2 Stamp Size photographs. (Write your name and application number & Programme applied for behind the photographs)
- e. Copy of Passport and Visa (Mandotry)
- 3. I understand and agree that on confirming the admission status, all the Original documents mentioned below should be submitted at the Office of Admissions, during my admission process **in Person**
 - a. Class 10 and Class 12
 - b. Degree Marks Card (Students Applying for Post Graduate Programmes)
- 4. I understand that if I have any documents which are pending to be submitted to Office of Admissions, Christ University, Bangalore, it should be submitted on or before <u>July 15, 2017</u>. Failing to submit the pending documents will be treated as unsuccessful in the qualifying exam and admission will be cancelled without any claim.
- 5. I understand the decision of the Admission Committee is final and binding.
- 6. I agree and understand that Christ University will cancel my admission, if my qualification related documents are found fraudulent / misrepresented / falsified /manipulated.
- 7. I understand the definition of ragging and the penalty of ragging under the Karnataka Education Act, 1983 (Karnataka Act No.1 of 1995) Section 2 (29) and the Order of Hon'ble Supreme Court of India
- 8. I understand and undertake to face disciplinary action/legal proceedings including Cancellation of Admission/Debarring from examinations, valuation and assessment process/Expulsion from Christ University, if I'm found guilty of any aspect of ragging.
- I understand and agree that if I wish to cancel my admission at any given time, I will be entitled for a refund of fee as per the UGC regulation F.No.6-1(7)/2006(CPP-I). If I am entitled for any refund as per the above regulation, I will report <u>in</u> <u>person</u> to Office of Admissions, Central Block, Christ University, Bangalore for the cancellation process.
- 10. I understand and agree that No Third party/member/parent will be entitled to process the cancellation and receive the fee if applicable as per **Para 9**, on behalf of me.
- 11. I further understand that In case I am not in a position to process the cancellation in person due to any Medical Reasons or for any other genuine reasons, the candidate should authorize a person (Third Party) with an authorization letter and all other supporting documents & valid id proof of the (Third Party), to process the cancellation.
- 12. I understand and agree that the fee as per **Para 9** will be refunded only through an account payee cheque favoring the candidates name and handed over to the candidate only, and will not be refunded by cash
- 13. I agree that I have understood the attendance rules and regulations of the University and that I will not be allowed to appear for the exams in case I fall short of attendance/my attendance is below 85% in each subject.

Signature of the Candidate
Date: