Appl. No.

ISC



Tel. +91-80-4012 9105/9439 Fax. (080) 40129000 www.christuniversity.in Affix Passport size photograph 35 mm x 45 mm size In Formal Dress with White Background

## International Students Application Form (SAARC / AFRICA / ASEAN / OCI / PIO & Other Foreign Nationals)

Course / Programme Applied for :				UG	PG	ı	
Name of the candidate:							
Name of the candidate as per marks card:		Male Female Rural Urban Sports Person: Yes No					
Date of Birth: DDMMYYYY Place of Birth:		Differently Abled: Yes No No If Yes, (Specify)					
Country of Birth:		Blood Group:					
Nationality:		Phone Details: Country Code:					
Mother Tongue: Religion:		Area Code: Phone No: Mobile No:					
If Christian: Catholic: Non-Catholic:		Email:					
Passport Details							
Passport No: Valid up to: Student visa : Yes No	_	Passport Issuing Country:  Resident Permit (RP) No (If available):  Medical Certificate: Yes No					
Current Address		Permanent Address					
Address:		Address:					
City: State:	State:		City: State:				
Country: Pin Code:	<i>)</i>	Country: Pin Code:					
Academic Record				_			
Class /Degree Institution Attended	Во	oard/University	State / Country	Year	Marks %	Attempts	
10							
12							
*							
* Specify the Bachelors Degree name, e.g. BA, B.S	c, B.Com,	BBM, BBA, BE, B.	Tech etc				
English Proficiency:						`	
English Language Proficiency: Poor	Average	e G	ood				
If good specify: a) Native speaker: b) Stud	died in Er	nglish medium:	c) TOEFEL/I	ELTS Scor	es:		
(Enclose Certificate).							
Would you like to join Intensive English Language Course: March – May 2018? Yes No							

## **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 Siblings B for Brother, S for Sister, 1. B S 4. B S 2. B S \_\_\_\_\_ 5. B S \_\_\_\_\_ 3. B S \_\_\_\_\_ 6. B S \_\_\_\_\_ **Guardian Name and Address** Guardian's Name: Relationship: Address line: City: \_\_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_ Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_ How did you know about this course: Advertisement Alumni E-Mail Facebook Friends Others Poster Relatives School Website Reasons for Applying: ..... ..... **UNDERTAKING** \_\_\_\_hereby undertake to uphold the Vision, Mission and Core Values of CHRIST (Deemed to be University). I shall strive to excel in my studies with all ability and shall imbibe the Graduate Attributes of the University, I hereby declare and confirm that if, a) I do not have at least 85% attendance in each of the Courses of the programme at the end of each semester and / or, b) I do not live up to the ideals of the University and / or, c) My conduct is not to the satisfaction of the University and / or, d) I include in any behaviour or act that may come under the definition of ragging and / or, e) I indulge in any act of sexual harassment. Then the University shall have absolute rights to 1) Debar me from one or more examinations of the University or 2) Detain me from furthering the Course or programme 3) Terminate my admission with the University by removing my name from the Rolls. I further promise to abide by the rules and regulations of this University. I have given this undertaking voluntarily and in full agreement of what is stated therin. Date:.....Signature of the Parent/Guardian: .....Signature of the Candidate: ..... FOR OFFICE USE ONLY Fee Amount: ....., Signature of the Official: ......, Date: ...., Signature of the Official: .....

Admitted Into: ....., Date: ...., REGISTRAR: .....

## STATEMENT OF UNDERSTANDING

- 1. I understand and agree that I will fall under SAARC, AFRICA / ASEAN 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 <u>15 working days of receiving this application form</u>, 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 (Deemd to be University) Branch, CHRIST (Deemd to be 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)
- 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 <u>in Person.</u>
  - 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, 2020</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 (Deemd to be 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 (Deemd to be University), if I'm found guilty of any aspect of ragging.
- 9. 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 person</u> to Office of Admissions, Central Block, CHRIST (Deemd to be University), Bengaluru 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 Parent:	Signature of the Candidate:
Date:	Date: