



REGISTRATION FORM

ACADEMIC YEAR 2023-24, SEMESTER-I

Program Name

Batch

Student Name

Student ID

Contact Number

Email ID

Guardian Name

Relationship

Parent/Guardian Contact Details

Complete Correspondence

Courses in which registration is being done for this Semester

Course Code

Course Title

Course Code

Course Title

ONLINE ANTI RAGGING UNDERTAKING DETAILS

(Obtain reference number from antiragging.in)

Date

Reference Number

UNDERTAKING BY THE STUDENT

I, Mr. /Ms

Student ID:

School/Department/College:

Batch (Year)

, Student of Chitkara University undertake the following:

- I will attend all the classes and I will be regular and punctual in all the classes i.e (Theory/Practical) and am aware that if I don't secure 75% attendance, I will be not allowed to appear for the End Term Examination.
- I do hereby declare that, the details on University ERP is correct to the best of my knowledge. If any change is required in the details, I will submit the request letter and the supporting document for the same to my mentor.
- I do hereby declare that the entries made by me in the Registration Form are complete and true to the best of my knowledge.

Date:

Signature of the Student