



# KALINGA UNIVERSITY

**Campus:** Kalinga University, Kotni, Near Mantralaya, Naya Raipur - 492101, Chhattisgarh. India.  
**E-mail:** kalingauniversity1@gmail.com **Website:** www.kalingauniversity.ac.in

## 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 job require them to do so.

Paste recent Passport Size  
Colour Photograph

1. Do not use digital or Computerized Picture.
2. Do not Pin or Staple the photograph
3. Do not Sign on the photograph

Signature of Candidate

### 1. Course title (Code)

Course Preference I ..... Course Preference II ..... Course Preference III .....

Session: .....

Specialization / Elective (If any) ..... Lateral Entry / Credit Transfer .....

### 2. Personal details

Title: Mr./Ms.  Gender: Male ☐ Female ☐ Date of Birth  Day  Month  Year

First Name  Last Name

General ☐ SC ☐ ST ☐ OBC ☐ PH (Physically Handicapped) ☐ Marital Status .....

Permanent Address

City  Post Code  State

Country

Correspondence Address: (If Different)

City  Post Code  State

Mob.  STD Code  Landline

E-mail  Country

Passport No. .... Blood Group ..... Religion .....

### 3. Family Details

Father's Name:	Mother's Name:
Address:	Address:
Occupation:	Occupation:
Name of the Co.:	Name of the Co.:
E-mail:	E-mail:
Mob.:	Mob.:

9. Fee Payment: Self Sponsored ☐ Govt. Sponsored ☐ Other ☐

10. Brother/Sister (s) Details: Does any of your sibling(s) study/studied at KU ☐ Yes ☐ No

If so please provide details: Name..... Relationship.....

Programme ..... Year of Admission .....

Relation	Name	Organisation	Designation	Mobile	E-mail

11. Facilities Required: Please tick the desired option

☐ A/C Hostel Room ☐ Non A/C Hostel Room ☐ Two sharing ☐ Four sharing

12. Transport Required: Campus Transport ☐ YES ☐ NO

13. Languages Known

Read: .....

Write: .....

Speak: .....

14. 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"/> |

#### 4. Academic Qualification

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

#### 5. Academic Achievements (attach additional sheet(s), if necessary)

Higher Secondary Level (Class I to X), O Level	
Sr. Secondary Level (Class X + 2), A Level	
Graduate/P.G. Level	
Any Other	

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

Higher Secondary Level (Class I to X), O Level	
Sr. Secondary Level (Class X + 2), A Level	
Graduate/P.G. Level	

#### 7. Employment and Work Experience (attach additional sheet(s), if necessary)

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

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

#### 8. 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) .....

## VERIFICATION

I, .....Resident of city .....country ..... do

hereby verify that the contents of my above undertaking are true to my personal knowledge and belief.

Signed and verified at ..... on this ..... day of 2019.

Passport No. ....

Counter signed by Parent/Guardian

(Signature of Student)

Place:

Date:

