

REGISTRATION FORM

ACADEMIC YEAR 2024-25, SEMESTER-I

Program Name	Batch	Blood group
Student Name	Student ID	Allergies (If any)
Contact Number	Email ID	
Name of Guardian	Relation	
Parent/Guardian Contact Details		
Complete Correspondence Address		
Previous Semester Details	CGPA	

Course codes in which student has got an I(Incomplete) or F (Failure) grade

Course Code	Course Title	Semester	Course Code	Course Title	Semester
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Courses in which registration is being done for this Semester

Course Code	Course Title	Course Code	Course Title
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Student Status

ONLINE ANTI RAGGING UNDERTAKING DETAILS

(Obtain reference number from antiragging.in)

Reference Number

Date

ACADEMIC BANK OF CREDITS (ABC)-ID

(Obtain from abc.gov.in)

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 not be 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