REGISTRATION FORM

ACADEMIC YEAR 2024-25, SEMESTER-II

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

Courses in which registration is being done for this Semester

Course Code	Course Title	Course Code	Course Title

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