

APPLICATION FORM FOR MBA PROGRAMS

SESSION 2018-2020

It is mandatory for the applicant to keep a photocopy of the duly filled application form before submission. Please ensure that you carry the photocopy of this application form, two passport size photographs, original copies and 2 photocopies of all the certificates attached, when you report for counselling. **This application form has to be submitted at Admission Office, Chitkara University.**

Please fill a number in the corresponding box in the order of program preference with 1 being the most preferred and 11 being the least preferred program.

| and it i being the teast preferred program. | | | | | | |
|---|---|---|--|--|--|-------------|
| MBA (Marketing) MBA (Banking & Finance) MBA (Business Analytics) MBA (Financial Markets Practice) MBA (Healthcare Management) MBA (Healthcare Information Technology) MBA (Human Resource) MBA (Supply Chain Management) MBA (Sales & Retail Marketing) MBA (Pharmaceutical Management) MBA (BFSI) M.Sc (Actuarial Science) | | Paste a latest coloured passport sized photograph & attach two additional copies thereof. | | | | |
| • | n block letters and as entered in qualifying examinat | | | | | |
| | ct no. (Mobile no.)Any other alternative no | | | | | |
| E-mail ID (Compulsory) | | | | | | |
| Blog / Website (if any) | | | | | | |
| 2. (a) CAT Roll. No./Registration No | Month & Year of Examination | on | | | | |
| (b) XAT Roll. No./Registration No Month & Year of Examination | | | | | | |
| (c) MAT Roll. No./Registration No | Roll. No./Registration NoMonth & Year of Examination | | | | | |
| (d) CMAT Roll. No | d) CMAT Roll. No Month & Year of Examination | | | | | |
| (e) NMAT Roll. No | (e) NMAT Roll. No Month & Year of Examination | | | | | |
| 3. (a) Father's Name (As entered in qualifying examination certificate) | | | | | | |
| | | | | | | |
| Office Address: | | | | | | |
| Contact No. (Mobile No) | | | | | | |
| E-mail ID:(b) Mother's Name (As entered in qualifying examination certificate) | | | | | | |
| | | | | | | Occupation: |
| Office Address: | | | | | | |
| Contact No. (Mobile No) | act No. (Mobile No)Landline No. (with STD code) | | | | | |
| E-mail ID: | | | | | | |



| | manent Address:Landline No. (with STD code) | | | | | | | |
|----------------------|---|--------------------|---------|-----------------|--|-----------------|----------------------------------|--|
| 5. Date and Plac | te and Place of Birth (As per Class X Certificate) | | | | | | | |
| Date | ate Month | | ar | | Place | | | |
| 6. Nationality: | | | | | | | | |
| 7. State of Domi | cile: | | | | | | | |
| 8. Category(Ple | 8. Category (Please tick ✓ in the appropriate box): | | | | (Kindly attach the p | roof except g | jeneral category) | |
| ☐ General | □ sc | ☐ ST | □ 0E | 3C _ |] Others (Please Specif | y) | | |
| 9. Blood Group:. | | | | | | | | |
| 10. Gender: | | | | ale [|] Female | | | |
| 11. Marital Status | s (Please tick ✔): | | | arried [|]Unmarried | | | |
| 12. Hostel Accom | modation Required (| Please tick √): | | es [|] No | | | |
| 13. Transport Fac | cility Required (Pleas | e tick ✔): | ☐ Ye | es [|]No | | | |
| If yes. Specify | the address from wh | ere it is required | : | | | | | |
| | ort facility available andLudhiana. | from Chandigarh | n, Moha | ali, Panchkula, | Zirakpur, Kharar, Am | bala, Patiala | , Rajpura, Kalka, | |
| 14. Name and Ad | dress of the Institutio | n last attended: | | | | | | |
| | lualifications (In orde | | | | ······································ | | | |
| Courses Completed | School/College | Board/Univers | sity | Type of degree | Subjects | Year of passing | Percentage or CGPA secured | |
| Std. X | | | | | | | | |
| Std. XII | | | | | | | | |
| Graduation | | | | | | | | |
| Post Graduation | | | | | | | | |
| Any Other | | | | | | | | |



| 16. | Total Work Experience as on March 31st, 2018 Years: | | | | | | |
|-----|--|--|---|--|---|--|--|
| - | S.No. | Name of the Organization | Designation Held | Nature of Responsibilities | Number of Year/Months | | |
| - | | | | | | | |
| | | | | | | | |
| 17 | Any oth | ner Professional /Additional Qua | alifications/Membership of Pi | rofessional Bodies, etc. | | | |
| | S.No. | Qualification | Type of Professional Body | Nature of Responsibilities | Number of Year/Months | | |
| - | | | | | | | |
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| 10 | (-)\\/- | | | 2 | | | |
| 10. | | re you ever debarred from any e re you ever punished for miscor | | ∑ Yes Yes | □ No | | |
| | If yes, | please furnish details: | | | | | |
| 19. | Please | specify any achievement(s) in C | Co-curricular/NCC/NSS/Spor | ts/Cultural activities etc. | | | |
| | | | | | | | |
| 20. | Please | specify any professional/acade | emic achievements: | | | | |
| | | | | | | | |
| 21. | Declar | ation to be signed by the candid | ate: | | | | |
| | time. I be ves Univer any of i | will submit myself to the discip ted with such power under th sity. I also declare that the info | linary jurisdiction of the Vice- e Act, Statues, Ordinances a rmation given above is true an Imission shall stand cancelle | rs etc. of the University that will be -Chancellor and the authorities of and the Rules that have been fra nd complete to the best of my know d and I shall be liable to such discip | the University who may med hereunder by the vledge and belief; and if | | |
| | Place: | | | | | | |
| | Date: | | | Full signature of the ca | andidate | | |



22. Declaration to be signed by the Parent/Guardian:

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| | | |
| | | |
| | | |
| Place: | | |
| rtace | | |
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| | | |

Full signature of the Parent/Guardian

Format available on website www.chitkara.edu.in

I undertake the responsibility of paying all dues of my son/daughter/ward regularly and for his/her due compliance

ENCLOSURE CHECKLIST (Tick whichever is applicable)

- 1. Self Attested Certificate and Mark sheet of Class X, XII & Graduation
- 2. Character Certificate from the institution last attended
- 3. Medical Fitness Certificate

Date:

- 4. Migration Certificate from the University attended last
- 5. Copy of Aadhaar Card
- 6. Reserved Category Certificate (if applicable)
- 7. If the form is downloaded Bank Draft of Rs. 1100/- drawn in favour of Chitkara University payable at Chandigarh
- 8. Two recent passport size colour photographs. Photos need not be attested
- 9. Affidavit signed by Executive Magistrate/ Notary is required in case of gap in studies

with all rules and regulations that are in force from time to time in the University.

Please Note:

- Chitkara University reserves the right to change/modify rules and regulations, fees charged, regulations affecting students admissions, etc. or make any other suitable modifications.
- Right of Admission to the University is reserved. In case of any dispute, decision of the Vice Chancellor shall be final and binding.
- Candidates who are finally selected will be admitted on the payment of the first instalment of fees by the dates specified in the admissions letter, failing which their selection will stand automatically cancelled.
- Selected candidates will be required to submit the relevant documents including the qualifying degree certificates and marks sheets latest by September 30, 2018.
- No intimation will be sent to the candidates who do not appear in the merit list and no correspondence will be entertained on this account.

FOR FURTHER DETAILS CONTACT:

Chief Admission Officer Chitkara University SCO 160-161, Sector 9-C, Chandigarh. Mobile +91.95011 05714 - 95011 05715.

Website: www.chitkara.edu.in E-mail: mba@chitkara.edu.in