

केन्द्रीय संस्कृत विश्वविद्यालय

Central Sanskrit University

(संसद के अधिनियम द्वारा स्थापित)

(Established by An Act of Parliament)

जयपुर परिसर, जयपुर (राज.)

(Jaipur Campus, Jaipur (Raj.))

C.S.U.J./6-1/2023-24/ 1245

Dated:- 25.08.2023

अधिसूचना/ Notification

मुख्यालय, नई दिल्ली के पत्रांक 6-14/के.सं.वि./शैक्षि./जयपुर परिसर/2022/1039, दिनांक 24.08.2023 के निर्देशानुसार प्राक्शास्त्री द्वितीय वर्ष एवं आचार्य द्वितीय वर्ष में ऐसे छात्र जो द्वितीय वर्ष की परीक्षा किन्हीं कारणों से पूर्ण नहीं कर पाये हैं, उन्हें शैक्षणिक सत्र 2023-24 में पुनः एक बार सम्मिलित होने का अवसर प्रदान किया जा रहा है।

अतः वे छात्र उक्त कक्षा में प्रवेश हेतु संलग्न आवेदन पत्र भरकर आवश्यक दस्तावेज (एक पासपोर्ट साईज फोटो, 10th की अंकतालिका, आधार कार्ड, जाति प्रमाण पत्र, मूल निवास प्रमाण पत्र, अंतिम उत्तीर्ण कक्षा की अंकतालिका) एवं निर्धारित फीस सहित दिनांक 01.09.2023 (सायं 05.00 बजे) तक प्रशासनिक भवन के छात्र अनुभाग में अनिवार्य रूप से जमा करवायें। उक्त तिथि के पश्चात् प्राप्त आवेदन पत्रों पर विचार नहीं किया जायेगा।



(प्रो. फतेह सिंह)

(Prof. Fateh Singh)

प्र.निदेशक / Director I/c

संलग्न :- आवेदन पत्र।

प्रतिलिपि :-

1. नोटिस बोर्ड।
2. परिसर वेबसाईट <https://www.csu-jaipur.edu.in/> पर सूचनार्थ।
3. समन्वयक, IQAC
4. संबंधित संचिका।

OFFLINE ADMISSION FORM (AFFILIATED INSTITUTES)

पञ्जीकरणम् आफलाईनप्रवेशपत्रञ्च

2023-24

Enrollment No. :

Exam Roll No. :

Course/ Class :

Subject :

PERSONAL INFORMATION

Name (In English) :

Name (In Hindi) :

Father's Name (In English) :

Father's Name (In Hindi) :

Mother's Name (In English) :

Mother's Name (In Hindi) :

Date of Birth :

Blood Group :

Aadhar Card Number :

Category :

Are You Below Poverty Line :

Marital Status :

Wheter Differently Abled :

Passport Size
Photo with light
background

Gender :

Nationality :

Religion :

Area :

Mother Tongue :

Registered Anti-

Ragging Portal :

CONTACT DETAILS

Permanent Address :

Postal Address :

State :

State :

Pincode :

Pincode :

Email :

Mobile No. :

QUALIFICATION DETAILS

Name of Examination Passed :

Name of the Board/University :

Year of Passing :

Roll No. :

Percentage/Grade :

Division :

Educational and Professional Qualification : (Starting from 10th Board)

Course	Name of Board/University	Year of Passing	% Obtained

Enclosures :

-
-
-
-
-

Hostel Accommodation Required :

DECLARATION BY THE APPLICANT : I hereby declare that I carefully read the all information & Instructions as mentioned in Prospectus for the candidates and all the information furnished by me in this application & in the documents I have submitted in support of my application are true, complete and correct. In case any information in this application is found to be false or incorrect at any time (during or after completion of the course), this shall entail automatic cancellation of my admission if granted, cancellation of the degree if awarded, besides rendering me liable to such action as the university may deem fit. In the event of any medical or other emergency, my parents are guardians may be contacted at the address given above.

Date :

Signature of the Student

ख भाग:- B Part

इदं विद्यालय / महाविद्यालयकार्यालयद्वारा पूरितं स्यात् / This must be filled in by the office of the concerned institute.

1. प्रमाणीक्रियते यद् छात्रेण प्रदत्तविवरणम् अभिलेखानुसारं सत्यम् अस्ति। प्रदत्तविवरणं मया अवलोकितम्। अयं छात्रः नियमानुसारेण विश्वविद्यालये प्रवेशं प्राप्तुं योग्यः।

Certified that the above entries are correct as per our record. The admission has been given as per rules of Sansthan. All documents have been checked and found correct.
He/She is eligible for admission in the University.

2. अयं संस्थानस्य छात्रः/छात्रा अस्ति ☐ नास्ति ☐
Is He/She enrolled in Sansthan Yes No

3. निष्क्रमणप्रमाणपत्रं संलग्नम् अस्ति ☐ नास्ति ☐
Migration certificate is attached Not attached

यदि नास्ति तर्हि संस्थाप्रमुखस्य दायित्वं भविष्यति यत् 30 अक्टूबरपर्यन्तम् ते प्रेषयिष्यन्ति।

If not then it will be the responsibility of the Head of the institution to submit the same before 30th October.

4. शुल्कविवरणम् / Details of Fee

(क) आवेदनपत्रशुल्कम् / Form fee

रु. / Rs. @

(ख) विलम्बशुल्कम् / Late fee

रु. / Rs. @

(ग) योगः / Total

रु. / Rs. @

शुल्कसम्बन्धितधनं ड्राफ्टद्वारा अथवा साक्षाद्वनदानेन प्रेष्यते।

Collected form fee being sent by draft No./or by Cash

सम्बन्धितकर्मचारिणः हस्ताक्षरम्

Signature of dealing head

दिनाङ्कः / Date

कार्यालयसहायकस्य / कार्यालयाध्यक्षस्य वा हस्ताक्षरम्

Signature of the Asst./Section officer

नाम / Name

प्रवेशसमित्याः अनुशंसनम् / Recommendations of the Admission Committee

हस्ताक्षरम् / Signature

प्राचार्यद्वारा सत्यापितं प्रमाणपत्रम् / Certificate to be given by the Head of the Institution

उपर्युक्तविवरणं सत्यम्। उपलब्धप्रमाणानुसारेण उपरि लिखिता जन्मतिथिः, एवञ्च प्रमाणपत्रस्य छायाप्रति प्रमाणीक्रियते।
..... कक्षायां प्रवेशाय संस्तौमि।

The above facts are true. His/her above-mentioned date of birth, relevant qualifying admission certificate (Photo copy) is certified. Recommended for admission in the Class.

दिनाङ्कः / Date

प्राचार्यस्य हस्ताक्षरम् / Signature of the Principal

दूरभाषः / Telephone

पूर्णनाम / Full Name.....

मुद्रासहितम् / with stamp

MEDICAL FITNESS CERTIFICATE

Name:

Father's Name:

Gender:

Age:



1. Weight: (Kgs) Height (cm) BP:
2. Lungs: Blood Group:
3. Heart:
4. Vision: Left Eye Right Eye Details of Glasses (if Worn).....
5. Hearing:.....
6. Any impediment in speech:
7. Any Disability:
8. Any Neurological / Psychiatric Disease, (if, yes, please give details)
9. Suffering from Hepatitis B / Hepatitis C / HIV (AIDS)
10. Any significant disease diagnosed in the past:
11. Vaccinated (Yes/No/Partially):
12. Taking any medicine on a regular basis (if yes, please give details):
13. Allergies if any:
14. Any communicable/contagious disease:
15. Mark of identification:

I certify that I have examined Mr / Ms Son/Daughter of
..... and could not notice that he/she has any physical or mental disease.

Place:

Date:

Medical officer's signature
& Seal