



SHARDA
UNIVERSITY

Beyond Boundaries

**AWARDED BEST
PRIVATE UNIVERSITY**

IN INDIA BY NATIONAL EDUCATION
EXCELLENCE AWARDS 2018

REPORTING
DOCUMENTS

REGISTRATION FORM

ACADEMIC SESSION 2018-19

Enrolment No. _____ System ID _____

(For Office Use Only)

PERSONAL DETAILS OF THE STUDENT:

First Name:	Last Name:
Landline No.:	Mobile No.:
Email Address:	
Date of Birth: Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

Address

i. Correspondence: _____

Pin _____

ii. Permanent: _____

Pin _____

Religion:	i) Hindu <input type="checkbox"/>	ii) Muslim <input type="checkbox"/>	iii) Sikh <input type="checkbox"/>	iv) Christian <input type="checkbox"/>
	v) Jainism <input type="checkbox"/>	vi) Buddhism <input type="checkbox"/>	vii) Others _____	

Category:	i) General	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	ii) S.C.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	iii) S.T.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	iv) O.B.C.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	v) Differently abled	Yes <input type="checkbox"/>	No <input type="checkbox"/>

EDUCATIONAL QUALIFICATIONS:

Class/Degree	Year of Passing	Board/University	School/College	Percentage Marks with Subjects
X th				
XII th				
Graduation				
Additional Qualification (if any)				

PERSONAL INFORMATION:

Father's Name:	First Name:	Last Name:
Mother's Name:	First Name:	Last Name:
Phone Number:	Landline No.:	Mobile No.:
Email Address:		
Occupation of Parents	Father:	Mother:
Educational Qualification of Parents	Father:	Mother:
Name of Employer/Company (if any)		

Verified that the information given above is true to the best of my knowledge and if any fact is found to be incorrect at any time during my stay in the University, the University shall have the right to penalise me as per the rules and regulation of the University.

Date:

Place:

(Signature of the Candidate)

UNDERTAKING BY THE STUDENT

- 1) I, _____ (full name of student) System ID _____
S/o, D/o _____, has been admitted to
_____ (programme) at School of
_____, Sharda University, Greater Noida,
Uttar Pradesh. I hereby state that I understand the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") and that I have carefully read and fully understood the provisions contained in the said regulations.
- 2) I have, in particular, perused clause 3 of the said regulations and am aware of what constitutes ragging.
- 3) I have also, perused clause 7 and clause 9.1 of the regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly resolve and undertake that
- I will not indulge in any behavior or act that may be construed as ragging under clause 3 of the regulations.
 - I will not participate in or abet or propagate through any act of commission or omission that may be construed as ragging under clause 3 of the said regulations.
- 5) I hereby affirm that if found guilty of ragging, I am liable for punishment according to clause 9.1 of the regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote ragging and further affirm that, in case the declaration is found to be untrue, my admission is liable to be terminated.

Declared on _____ day of _____ month of _____ year.

Signature of Student

VERIFICATION

Verified that the contents of this undertaking are true to the best of my knowledge and no part of the undertaking is false and nothing has been concealed or misstated therein.

Verified at (place) _____ on this (day) _____ of (month) _____, (year) _____

UNDERTAKING BY THE PARENT

Name of Student
 Course:
 Year: System ID
 Branch:
 Name of Father/ Guardian:

1. I understand that as per the Sharda University regulations my ward is required to attend all the classes including lecturers, tutorials, labs and workshops as applicable. I also know that relaxation is available upto 10% on medical and/or other legitimate grounds and a further relaxation upto a maximum 5% is granted in situation of illness needing hospitalization of longer duration and on satisfaction of concerned authorities.
2. I clearly understand that failure to meet the above norms of class attendance will debar my ward from appearing in the Mid-Semester Exam (MSE)/End-Semester Examination (ESE). I, therefore undertake to ensure my ward's class attendance as per above norms.
3. I undertake that my ward will maintain high standards of discipline and follow the University/hostel rules strictly.
4. I affirm that my ward will not indulge in the act of ragging, and if so found, the University will be at liberty to take any disciplinary action in accordance with the orders of the Hon'ble Supreme Court of India.
5. If my ward is found involved in any undesirable activity, directly or indirectly, inside or outside the campus, necessary disciplinary action may be taken against my ward as deemed fit including expulsion from the University. The action taken will be binding on me and I will co-operate with the University authorities.

It is deposed that I have understood the conditions and rules as given above and shall ensure that my ward abides by them

Date: (Signature of Parent/Guardian)

Full Address:

Phone No: Mobile No:

Email ID:

I as a student undertake the following:-

- a. That I have understood and will follow all the instructions mentioned in Para 01 to 05 listed above.
- b. That I will maintain the sanctity of the campus.
- c. That I will not use offensive language against anybody that may cause him/her embarrassment or may amount to an insult.
- d. That I will maintain discipline and good behavior inside and outside the campus to uphold the dignity and prestige of the University.
- e. If I am found indulging in any activity against the rules of the University, the University shall be at liberty to take any action deemed fit and I shall abide by it.

Date: (Name & Signature of Student)

UNDERTAKING BY PARENT/GUARDIAN

- 1 I, _____ Father/Mother/Guardian of _____ admitted to (programme) _____ at School of _____ Sharda University, Greater Noida, Uttar Pradesh have understood the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereafter called the "Regulations") and that I have carefully read and fully understood the provisions contained in the said regulations.
2. I have also, perused clause 3 of the said regulations and am aware as to what constitutes ragging.
3. I have also, perused clause 7 and clause 9.1 of the regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4 I hereby solemnly aver and undertake that:
- My ward will not indulge in any behavior or act that may be construed as ragging under clause 3 of the regulations.
 - My ward will not participate in or abet or propagate through any act of commission or omission that may be construed as ragging under clause 3 of the regulations.
5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
6. I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of abetting or being part of a conspiracy to promote ragging and further affirm that in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared on _____ day of _____ month of _____ year _____

(Signature of Parent)

Name: _____

Address: _____

Tel. No. / Mobile No. _____

Email ID. _____

VERIFICATION

Verified that the contents of this undertaking are true to the best of my knowledge and no part of this undertaking is false and nothing has been concealed or misstated therein.

Verified at (place) _____ on this (day) _____ of (month) _____, (year) _____

(Signature of Parent)

DECLARATION OF LOCAL GUARDIAN

Photograph
of Student

Photograph of
Local Guardian

Name of Student : _____
Course : _____
Year & Semester : _____
Branch & Section : _____
Name of Guardian : _____
: _____
Address of Guardian : _____
Tel No. : _____
Office / Work Address : _____
Email ID : _____

I, _____ do hereby declare that _____ admitted in Sharda University is my relative/known to me. During his entire duration of stay he/she shall be under my local guardianship and I shall monitor his/her conduct and behavior. I can be contacted any time in emergency or otherwise for issues pertaining to his/her conduct and well-being.

(Signature of Student)

(Signature of Local Guardian)

Sharda University honours those school teachers who had a transformational influence in your academic/personal life during your school days.

To nominate your teacher for this prestigious award you need to provide the following information.

GUIDELINES TO FILL THE FORM

- Only complete nominations would be accepted
- Phone number and E-mail address of student & teacher is mandatory
- Only teacher who taught you in Class Xth, XIth & XIIth or teacher of coaching institute are eligible
- You may nominate more than one teacher
- You may also make a short video of your School & nominate the School for this award. Send it to **teachersaward@sharda.ac.in**, if selected by the panel, your school would be rewarded.

PERSONAL INFORMATION

Student Name:
 Programme Name: System ID:
 Mobile No. (Personal): Mobile No. (Parent):
 E-mail ID: Male/Female:
 Home Address:

SCHOOL INFORMATION

School Name:
 Address:
 City: State:
 Board Name:

NOMINATION OF SCHOOL TEACHER WHO TRANSFORMED YOUR LIFE/CAREER

School Teacher's Name:
 Subject in Class Xth, XIth or XIIth:
 School Name:
 Mobile number of Teacher:
 E-mail of Teacher: