



Chaudhary DeviLal University, Sirsa
University Center for Distance Learning
Student Identity Card
Session 2016-2017

1. Name.....
2. Father's Name
3. Class.....
4. Univ. Regn. No.....
5. Address (In Capital Letters)
.....
.....
.....

Affix latest
Passport
Size photo

Date of Issue

Signature of the candidate

Signature of Supdt./Assistant Registrar (UCDL)

ACKNOWLEDGEMENT
(For office Use)

(Address to be filled in by the candidate)

Diary No.

Date.....

Signature of Official.....

University Centre for Distance Learning
Chaudhary Devi Lal University
Sirsa

Affix postal
Stamp of Rs.5/-

Chaudhary Devi Lal University, Sirsa
 (Established by the state legislature Act 9 of 2003)
University Center for Distance Learning (UCDL)



Admission-cum-Examination Form
 (2016-2017)

Sr. No.....

TO BE FILLED IN ENGLISH AND BLOCK LETTERS ONLY

Roll No.-cum-Regn. No.
 (To be allotted by the University)

1. (i) Name of Course/Examination
 (ii) Part/Semester
 (iii) Course Code
2. (i) Date of Birth
 (ii) Date of Admission

Affix Your
Photo
Within box

Signature of Candidate

3. Category: General, SC/ST, BC(A) or (B),
 Handicapped (PH), Blind (BL)

Note: Name & Particulars must be the same as have been shown in the certificate of Matric examination or in the DMC of Graduation.

4. Name of Student in English (Block Letters)

In Hindi

5. Father's Name

In Hindi

6. Mother's Name

In Hindi

19. If answer to Item No. 18 is 'Yes' write Particulars of all such examinations below.

Name of Class	University/Board	Subject in which to appear	Full Subjects/Re-appear/ Improvement/Additional

20. Have you ever been disqualified in any examinations or any UMC Registered against you, if yes, give detail.

University/Board	Examination	Year & Session	Roll No.	Punishment

21. University Fee Receipt No./Bank Draft No. Dated.....Amount in favour of the Registrar, Ch. Devi Lal University, Sirsa payable at Sirsa (Haryana). Candidate may write his/her name, address and name of the course applied for on the backside of the bank draft/University fee receipt.

DECLARATION

I solemnly declare that the particulars filled in by me in the above columns are correct and nothing has been concealed therein. It is further certified that I have read and understood all the terms and conditions mentioned in Hand Book of Information and I accept and abide by the same. In case of any discrepancy/concealment found therein, I shall be responsible for the consequences including cancellation of admission.

Dated :

Place :

Signature of the Candidate

ATTESTATION

(Certificate to be signed by the Attesting Authority)

I certify that.....S/o. D/o. W/o Shri.....appeared in under Roll No..... and failed/placed under Re-appear/passed.

(ii) He/She bears a goods moral character and has signed this form in my presence.

Note : Attestation on behalf of the Attesting officer is not acceptable.

Full Name of the Attesting Officer
Designation & Full Address of attesting authority
.....
.....

Place:

Dated:

Signature of Attesting Authority
(With Seal)

REMARKS BY UNIVERSITY REGARDING ELIGIBILITY

Eligibility Checked from Result-sheet/Gazette/Original Documents (Please Tick Mark) as under: -

Eligible			Not Eligible		
i) Name of Exam/Session			i) Name of Exam/Session		
ii) Roll No.			ii) Roll No.		
iii) Result			iii) Result		
Eligible subject to production of			Not eligible with reason.....		
Clerk	Assistant	Superintendent.	Clerk	Assistant	Superintendent
			(if not eligible)	Assistant- Registrar	



PROVISIONAL
CHAUDHARY DEVI LAL UNIVERSITY, SIRSA
ROLL NO. SLIP

Roll No-cum-Regn. No.
(To be assigned by the Office)

1. Name of Exam
2. Name of the Candidate
3. Father's Name Shri
4. Mother's Name Smt.
5. Centre of Exam. Centre No.
6. Subject in which appearing
1. 2. 3.
4. 5. 6.
7. 8. 9.
7. Signature of the Candidate

Space for latest
Photo attested
by the attesting
authority

Controller of Examination

(The candidate must sign. here before submitting this form to the University)



CHAUDHARY DEVI LAL UNIVERSITY, SIRSA
ROLL NO. SLIP

Roll No-cum-Regn. No.
(To be assigned by the Office)

1. Name of Exam
2. Name of the Candidate
3. Father's Name Shri
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7. 8. 9.
7. Signature of the Candidate

Space for latest
Photo attested
by the attesting
authority

Controller of Examination

(The candidate must sign. here before submitting this form to the University)

TO BE FILLED IN BY THE CANDIDATE

Address for Correspondence

Class..... Regn No

Name.....

Father Name.....

Address.....

.....

.....

Phone No..... Pin Code.....

Class..... Regn No

Name.....

Father Name.....

Address.....

.....

.....

Phone No..... Pin Code.....

Class..... Regn No

Name.....

Father Name.....

Address.....

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Phone No..... Pin Code.....

Class..... Regn No

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Phone No..... Pin Code.....

Class..... Regn No

Name.....

Father Name.....

Address.....

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Phone No..... Pin Code.....

Class..... Regn No

Name.....

Father Name.....

Address.....

.....

.....

Phone No..... Pin Code.....



INSTRUCTION FOR GUIDANCE OF CANDIDATES

Important Notes

1. Must fill this form in your own handwriting accurately and with complete details. The particulars viz. Name, Father's name should be as per Matric certificate. The correction will not be entertained at later stage. The result will not be declared, if the form is incomplete in any respect.
2. Online exam roll No. with date-sheet will be uploaded on the university website by the University 07-10 days before the commencement of Examination. If a candidate does not receive Roll No. within this period, he/she should immediately write to the University Centre for Distance Learning, Chaudhary Devi Lal University, Sirsa or contact personally with latest photo.
3. In case of any wrong statement in the Form or suppressing of the facts, the candidate will be responsible for consequences, which might lead to cancellation of candidature and other disciplinary action under the Rules and Regulations of the University in force, as the case may be.
4. All kinds of fee will be accepted only through demand draft (DD) from Nationalized Banks drawn in favour of the Registrar, Chaudhary Devi Lal University payable at Sirsa.
5. **Provisional List of Centres for May, 2017 Examinations of Distance Education is as follow:**
 1. Sirsa
 2. FatehabadHowever centres at above and other places may be created only if viable numbers of candidates are available. In this regard the decision of the University will be final.
6. In case late submission of examination form due to late declaration of result for no fault of the candidate (s), no late fee shall be charged within 15 days from the date of declaration of result concerned. Thereafter, usual late fee will be charged as per schedule.



CHAUDHARY DEVI LAL UNIVERSITY, SIRSA
Application Form for Provisional/Duplicate/DMC/Degree

Important Note: (i) Read Instructions Carefully before filling this form
(ii) Use separate form for each certificate

Candidates applying for a University Certificate should get the Certificate given overleaf signed by any one of the following:

1. Gazetted Officer
2. First Class Magistrate
3. Principal/Chairperson/Department of the College admitted to the privileges of the University/Chairperson
4. An Officer of the University not below the rank of the Asstt. Registrar.

All the particulars given below should be carefully, neatly and accurately filled in by the candidate himself/herself. The office will not be responsible for any delay in case from is not complete in all details.

1. Name of the Applicant (i) in Hindi.....
(ii)in English (Capital letters).....
2. Man/Woman.....
3. Father's Name (i) in Hindi.....
(ii)in English (Capital letters).....
4. Regn No.....
5. Nature of Certificate required.....(Photocopy of the DMC be attached) i.e. Duplicate/Detailed Marks card or Provisional Certificate etc.
6. Reasons for applying.....
7. Name of the College/University Teaching Department
(If appeared as a regular candidate)
8. Distt. of Examination from where you appeared.....
9. Name of Examination.....
10. Year/Session.....
11. Roll No.....
12. Subject (a).....(b).....(c).....
(d).....(e).....(f).....
13. Pass or Fail.....Marks obtained
14. No., date and value of the bank Draft No.....Dated.....amount.....
(i) Cash Receipt No.....Dated.....amount.....
Bank Draft be drawn in favour of the Registrar, C.D.L.U., Sirsa and should be payable at State bank of India, C.D.L.U. Sirsa Bank Code. is 719.
15. Address on which the certificate should be sent

Dated.....

Signature of the applicant

Particulars checked from R/Sheet/Certificate/DMC/Degree No.....may be signed.

Signature of D/Clerk

Asstt.

Supdt.

AR (CS)

CERTIFICATE

I certify that the applicant Shri/Mrs/Ms _____ Son/Daughter of
Shri..._____ is the same person who passed the examination under particulars
mentioned overleaf and has signed in my presence.

Full Name of Attesting Officer
(in Block Letters)
Designation & Full Address

Signature_____

Official Stamp.....

IMPORTANT INSTRUCTIONS

For duplicate/Provisional DMC = Through post Rs.300/- By hand Rs.500/-
For duplicate degree = Rs.500/-+50/- (postal charges)

1. The Fee is payable by bank Draft or by cash.
2. The Certificate will ordinarily be issued by post or by hand, as the case may be with in 15 days on the application and the prescribed fee, provided the form is complete in all details.
3. No person is entitled to apply on behalf of another person to receive his/her or another person's certificate personally from the office.
4. In the event of non-receipt of the certificate with in 20 days, the candidate should write to the Asstt. Registrar (certificate section) C.D.L.U, Sirsa giving full particulars (i.e.) Roll No. of Examination, Year and University Fee receipt No.) to ensure early compliance.

Chaudhary Devi Lal University, Sirsa
(Established by the State Legislature Act 9 of 2003)
University Center for Distance Learning (UCDL)

Last date for submission for Topic approval form alongwith synopsis is 30.04.2017. (For annual system) and 30th April, 2017 (for semester system).

Proforma for approval of topic, name of the Supervisor of Dissertation/Project Report/Survey Project Report/Translation Work/Training Report to be submitted in partial fulfillment of the course.

The eligibility of the guide will be as per point No.3 & 4 as specified in the Chapter No.6, under. Rules of Project Work/Research project/Dissertation/Media Practicles (Practical) in case of M.A. Education/MBA/MCA/M.A. JMC.

NOTE: Please send this proforma, duly filled in, alongwith synopsis to the UCDL and start the work on receipt of the approval letter from the UCDL.

Particulars of the candidate:

- a) Name: Course:
UCDL Ref. No. : Year:
Session: 2016-2017
- b) Topic (in English)
.....
(In Hindi)
.....

Particulars of the Supervisor:

- a) Name: Designation.....
Qualifications:
Teaching Experience: **UG** Year **PG** Years.....
Postal address
..... Phone No.....
- b) University/Institute where working
.....

Dated:

Signature of the Student
Address:
.....

Consent of the Supervisor

I hereby convey my consent for supervising the Work of the above-mentioned candidate as indicated above, which would be his/her original work. I am eligible for supervising the dissertation as per qualification laid down by CDLU, Sirsa. Consent already given for candidates.

Dated:

Signature of the Supervisor with office stamp

Approval of the Course Coordinator

The above-mentioned topic and name of the Supervisor are hereby approved

Remarks, if any:
Modification, if any:

Dated:

Signature of the Course Coordinator

SYNOPSIS

TITLE

Submitted to Chaudhary Devi Lal University, Sirsa
for approval of Degree of

FULL NAME OF COURSE

IN

**UNIVERSITY CENTRE FOR DISTANCE LEARNING
CHAUDHARY DEVI LAL UNIVERSITY, SIRSA**

Supervisor:

Supervisor's Name:.....

Designation:.....

Institution's/Organization's Name:

SUBMITTED BY :

Student's Name:

Reference No.....

Remarks of Course Coordinator

Approved:

Disapproved:

(If disapproved, record reasons)



University Centre of Distance Learning,
Chaudhary Devi Lal University,
Sirsa- 125055

(YEAR)

**UNIVERSITY CENTRE FOR DISTANCE LEARNING
CHAUDHARY DEVI LAL UNIVERSITY,
SIRSA**

FORMAT FOR RESUME OF SUPERVISOR

- 1. NAME :
- 2. DESIGNATION :
- 3. QUALIFICATIONS :
- 4. AREA OF SPECIALIZATION :
- 5. EXPERIENCE :
- 6. OFFICIAL ADDRESS :
- 7. TELEPHONER NO. : (Off.) (Resi.)
- 8. MOBILE NO. :
- 9. E-MAIL :

I am willing to supervise: Mr./Ms.
Reference No.:
on the topic

.....
.....
.....

Signature with seal

Countersigned by Course Coordinator

SUGGESTIONS/APPROVAL OF THE COURSE COORDINATOR

SYNOPSIS OF DISSERTATION/PROJECT WORK/PROJECT REPORT

Name of Student :

Registration No. :

Name of Department : University Centre for Distance Learning
Chaudhary Devi Lal University, Sirsa

Subject :

Name(s) of Supervisor(s) :
(Attach copy of resume, willingness and working proof of the Supervisor)

1. Topic of Project Work
2. Review of the related work done
3. Scope and Relevance of Study
4. Objectives of the Study
5. Hypothesis of the Study
6. Research Methodology
7. Select Bibliography

SIGNATURE OF THE CANDIDATE

Signature of Supervisor(s):

Countersigned by University Centre for Distance Learning with seal

Signature:.....
(Course Coordinator)

PROFORMA FOR REFUND OF FEE

To

The Director (UCDL),
Chaudhary Devi Lal University,
Sirsa.

Sub.: Application for Refund of Fee.

I have applied for the admission in the course of..... for the
Session..... on My particulars are as under: -

1. Name of the candidate.
2. Name of Father/Husband/Guardian.....
3. Address
4. Class:
5. Roll No /Admission No if allotted:
6. Date of admission in course:
7. Last Date of Admission. (Start of course)
8. Fee Deposit/ Total amount. Receipt No. Date Rs.

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9. Whether the Study Material is issued Yes/No.
10. Whether Books/Hostel Faculty availed Yes/No.
11. Reasons for Leaving the Course.

Signature of the Candidate
(Full Name).....
Date:

For Office use only

Verifications

It is verified that the applicant has obtained the admission as stated above and the below calculated amount may be ordered to be refunded to the applicant under rules: -

1. Total fee Deposited Rs.....
2. Processing charges.
3. Cost of study Material.....
4. Proportion of tuition fee.....
5. Hostel charges.....
6. Other.....
7. Total amount may be ordered to refund Rs.....

Submitted for Order Please.

Dealing official

The Refund of Rs.....is ordered to be allowed under rules.

Director (UCDL)
CDLU, Sirsa

The cheque/DD No. of..... fee Rs...../- is sent vide receipt
No..... or personally collected by the applicant.

Record Please Dealing Official

Dealing Official

SCHEDULED CASTE CERTIFICATE

Certified that Mr./Ms..... son/daughter of Sh.
resident of (Complete Address)
belongs to Caste which has been notified as Scheduled Caste
by the Haryana Government.

- i) This certificate is being issued to him/her according to the Haryana Govt. Circular Letter No. 333 (I)-97, Dated 25-02-1997.
- ii) This certificate is being issued to him / her on the basins of verification by Nayab Tehsildar/ Tehildar/ Secretary Municipal Committee.

No.....

Date.....

Place.....

Sub-Divisional Officer (C)
(with legible seal)

CERTIFICATE FOR PHYSICALLY HANDICAPPED CANDIDATES

No.:.....

Dated:

Certified that Mr./Ms. son/daughter/wife
of Sh..... resident of
District appeared before the undersigned for medical check up, on his
/ her Medical examination, it is found that the nature of handicap / disability is as under:

.....
.....
.....

Dated:

Place:

Chief Medical Officer,
.....Haryana
(Seal for the above authority)

(Signature of the Applicant)

BACKWARD CLASS CERTIFICATE

BLOCK 'A' OR 'B'

Certified that Mr./Ms..... son/daughter
of Sh. resident of (Complete
Address).....

Belongs to..... Caste, which has been notified as Backward Class by the
Haryana Govt. and is placed in Block (mention Block 'A' Or 'B').

Further certified that he/she is not covered in Creamy Layer (Reference letter No.1170-SW (I) 95, dated
07.06.1995 and No.1883 SK (I)95, dated 28-09-95 and No.22/36/2003G.S. III dated 09.08.2000.

This certificate is being issued to him/her on the basis of verification by Nayab Tehsildar/Tehildar/
Secretary Municipal Committee.

No.....

Date.....

Place.....

Sub-Divisional Officer (C)
(With legible seal)