

Chandigarh College of Architecture Sector 12, Chandigarh, India 160012 Ph: +91-172-2740558, 2740685, 2740689

Payments Details (Amount - Rs.2500/-)

Website: cca.edu.in

E-mail: cca@chd.nic.in

Application No......(To be filled in by the Office)

## APPLICATION FORM FOR PG PROGRAMME SESSION 2025-2026

Mode (Net Banking, Credit Card, Debit Card, UPI)					
Reference Number (if any)					
Copy/screenshot of transaction attached (YES/NO)					
				Attach your recent ph	otograph
1. Name of Cand	lidate				
(Block Letters)	ı	First Name	Middle Name	e Surname	
2. Gender		Mal	e Fe	male Others	
3. Nationality					
4. Date of Birth					
		(Date)	(Month)	(Year)	
5. Mother's Name	е				
6. Father's Name	<b>;</b>				
7. Category:		Gen. S.C	. P.H. C	Govt. Sponsored.	Defence
8. Permanent Ad	dress:				

	Pin C	Pin Code:		Telephone No					
9. Address for Co	ommunication:								
	Pin Code:Telephone No								
10. Mobile No.:					·				
11. E- Mail ID:									
-									
12. Details of Educational Qualification:									
Name of College/University	Year of Graduation		ass/ rision	Max Marks		ed/	CGPA conversion factor	Percentage of Aggregate Marks	
13. Details of Work (Job/Industrial) Experience (if any): excluding Internship during B. Arch course.									
Name of	Period	Period		DURATION				Position Held & Nature of Work	
Organisation				s	Months	Days			
	From:								
	To:								
	From:								
	То:								

TOT.	AL ATION						
14. Details of Research E	Experience (if	any):					
Research title	Publish	Publisher/ Organisation involved			Year		
	CAN	DIDATE'S	DECLARA	TION			
	I hereby declare that the entries in this form are true to the best of my knowledge and belief. I have satisfied myself that I fulfil all the eligibility requirements.						
modifications thereof as	I understand that the admission is granted to me on the terms, conditions and rules of the College and such modifications thereof as may be made by the authorities concerned. I agree to abide by the rules and regulations of the College.						
I agree that the decision of the College authorities in all matters concerning my admission, studies, scholarship, discipline and conduct will be final and binding on me.							
I understand that my association, active and passive, with any unlawful organization is forbidden.							
I hereby declare that if I am selected, I will submit an affidavit of Anti-Ragging, along with the application form at the time of Admission.							
vi) I understand that my add wilfully suppressed.	I understand that my admission may be cancelled if any information furnished by me is proved to be false or wilfully suppressed.						

Date:

(Signature of the Candidate)

## NOTE:

- 1. Please ensure that all Self attested scanned copies of all the testimonials/certificates required should be attached along with the form. Incomplete forms shall not be accepted and certificates/testimonials shall not be considered after last date of submission of forms.
- 2. A self-attested copy of the conversion table for CGPA to percentage as approved by the University should be attached.
- 3. Only Work experience verifiable by a certificate of experience (not letter of employment/Joining letter) from the employer clearly mentioning the duration and role shall be considered.
- 4. Compiled academic and work portfolio should be sent to Principal, CCA via email to cca@chd.nic.in. by the last date of submission of forms.
- 5. No candidate will be allowed to sit for Admission Test/Interview unless Original B.Arch. Degree Certificate/ Final Year DMC is attached along with this application.
- 6. Candidates on Govt./Semi-Govt. Job should attach an NOC to be eligible for consideration along with application form.

## **Abbreviation:**

Gen- General

S.C- Scheduled Caste

P.H- Physically handicapped (Person with Disability)