MALWANCHAL UNIVERSITY
INDORE (Madhya Pradesh)

University Address:
Index City, NH-59A, Nemawar Road,
District Indore-452016

(A Private University Established by the
Madhya Pradesh Niji Vishwavidyalay
Adhiniyam No.17 of 2007)

Registration no.: MPPU20

Corporate Office:
104, Trishul Apartment, 5, Sanghi Colony,
A.B. Road, Indore-452008

Ph: +91-731-4215757, Fax: +91-731-4044715

E.mail: info@malwanchaluniversity.com

Website: www.malwanchaluniversity.com

Enrollment Form
for
Diploma / Undergraduate Degree / Postgraduate Degree / Postgraduate Diploma / Super Speciality Degree / Doctor of Philosophy course

NOTE: Please read instructions / guidelines prior to filling the form (provided later in the form).

ENROLLMENT NUMBER (For University use)

To,
The Registrar,
Malwanchal University, Indore (M.P.)

Sir / Madam,
I request for your permission to enroll myself for the ensuing ……UNDERGRADUATE DEGREE…… course (Diploma / Undergraduate Degree / Postgraduate Degree / Postgraduate Diploma / Super Speciality Degree / PhD) in the **batch** 20…**15**….—…**16**….. , under the **faculty** of

……**MEDICINE**……. (Medicine / Dentistry / Nursing / Paramedical Sciences / Others).

*1. Paste with glue, recent passport size photograph (captured within last 6 months) duly attested by the Dean/ Principal/ Head of the Institution. Attestation should not be defacing.
Do not staple or affix by other means.

I furnish the following details:

*2.	Complete name of course	**BACHELOR OF MEDICINE AND BACHELOR OF SURGERY**
*3.	Name of candidate	**RAJEEV THAKUR**
*4.	Father's name	**MR. RAMLAKHAN THAKUR**
*5.	Mother's name	**MRS. SEEMA THAKUR**
6.	Spouse's name	**NA**

7.	Name of Guardian	**NA**	(*In case of demise of both parents)
8.	Relationship of candidate with guardian	**NA**	

9.	Name of Local guardian	**MR. PRAKASH THAKUR**
10.	Relationship of candidate with local guardian	**PATERNAL UNCLE (FATHER'S BROTHER)**

*11.	Name and complete Address of institution	**INDEX MEDICAL COLLEGE HOSPITAL & RESEARCH CENTER, GRAM MORODHAT, INDEX CITY, NH-59A, NEMAWAR ROAD, DISTRICT INDORE- 452016 (MADHYA PRADESH)**

*12. Date of Birth	0	9	0	7	1	9	9	7
	Date		Month		Year			

*13. Age as on 31st December of admission year (in numerical)	Years	**18**
	Months	**05**
	Days	**19**

*14. Admission Date	3	0	0	9	2	0	1	5
	Date		Month		Year			

*15. Gender	Male	**Yes**
	Female	**NA**

*16.

Left Hand Thumb Impression of Candidate

*17.

Specimen Signature of candidate (within the box)

*18. Category			
SC	ST	OBC	UR
NA	**NA**	**NA**	**YES**

*19. Special / other reservation, if any (Specify)

NA

Mobile numbers (contact):

*20.	Candidate	9993223455	*21.	Father	9993245897
*22.	Mother	9993234344	23.	Spouse	**NA**
24.	Guardian	**NA**	25.	Local guardian	9827063456

*26. NATIONALITY		
Indian	NRI	Foreigner (Specify)
YES	**NA**	**NA**

*27. DOMICILE	
MP state	If other state, specify (no abbreviations)
YES	**NA**

*At least any one of the following:

28.	Aadhaar Card No.	52685459632	29.	Driving Licence (permanent) no.	MP47T-2009-524823
30.	Voter identity card no.	VNJ4235987	31.	Passport no.	**NA**

E.mail id:

33.	Candidate	RAJEEV.THAKUR09@GMAIL.COM
34.	Father	RAMTHAKUR786@GMAIL.COM
35.	Mother	SEEMA123@REDIFFMAIL.COM
36.	Guardian	NA
37.	Local guardian	THAKURPRAKASH12@YAHOO.COM
38.	Spouse	NA

*39.	Details of HSC/CBSE/ISC/ICSE / 12th std. Examination passed	
	Name of Board	MADHYA PRADESH BOARD OF EDUCATION
	Year of Passing	2014

*40.	Details of Qualifying Examination:	
	Name of Examination	MPPMT (MADHYA PRADESH PRE MEDICAL TEST)
	Name of Board / University	DME (DIRECTOR MEDICAL EDUCATION)

| *41. | Enrollment Fee Submission Detail (for institution use only) | **Total Fee Submitted** | **Rs.** |
| | | **Receipt Number** | |

*42. Candidate's present local postal address	*43. Candidate's permanent postal address
ROOM NO-F 23 **UG MEDICAL BOYS HOSTEL** **INDEX CITY** **NH-59** **NEMAWAR ROAD**	**HOUSE NO- 45** **ANAND NAGAR** **NEAR GOVT. GIRLS SCHOOL**

City	INDORE		City	HARDA
District	INDORE		District	HARDA
Pin code	452016		Pin code	4852007
State	MADHYA PRADESH		State	MADHYA PRADESH
Country	INDIA		Country	INDIA

| *44. | DECLARATION BY THE CANDIDATE |

I, ...**RAJEEV THAKUR**... , son/ ~~daughter~~/ of Mr. / ~~Mrs.~~ / ~~Dr.~~ ....**RAMLAKHAN THAKUR**.. , admitted in course............**MBBS**.. , admission year.......**2015**............................. in the institution **INDEX MEDICAL HOSPITAL & RESEARCH CENTER, INDORE** , do hereby declare that the aforementioned information furnished by me is correct to the best of my knowledge and belief. If any information furnished by me is found fraudulent / incorrect / untrue at a later date, I am fully aware that my admission is liable to be cancelled and civil / criminal action can be taken against me.

I am aware of the eligibility rules for admission and the University can reject my application if I do not fulfil the requisite conditions of enrollment and that late fees shall be attracted towards late submission of eligibility documents as prescribed by the University.

I herewith declare that I am eligible to be enrolled with the University.

Date: ....

Signature of Candidate

| Name of Candidate (to be written in candidate's own <u>running</u> handwriting only): | |

| *45. | DECLARATION BY THE HOI |

I certify that the entries made by the candidate in the application form are correct and have been verified with the original documents. On perusal of documents, it is found that the candidate is eligible for the admission to the course as per prescribed norms. It is apprised to the candidate to furnish the requisite documents, failing which his / her enrollment application may be rejected by the University.

| **Office seal**
(For Institution use only) | **Signature of Dean / Principal of the Institution**
(For Institution use only) |

ABBREVIATIONS KEY (in alphabetic order)

ABBREVIATION	FULL FORM	ABBREVIATION	FULL FORM
AIU	Association of Indian University	NT	Nomadic tribes
BSc	Bachelor of Science	OBC	Other backward class
CBSE	Central Board of Secondary Examination	PCB	Physics, Chemistry, Biology
GOI	Government of India	PhD	Doctor of Philosophy
HOI	Head of Institution	SC	Scheduled Caste
HSC	Higher Secondary (10 +2)	SSC	Secondary School Certificate (10th std.)
ICSE	Indian Certificate of Secondary Education	ST	Scheduled Tribe
id	Identity	std.	Standard
ISC	Indian School Certificate	TC	Transfer certificate
LC	Leaving certificate	UR	Unreserved
MP	Madhya Pradesh	VJ	Vimukta jati (Denotified tribes)
NRI	Non-resident Indian		

Instructions / Guidelines for filling the form:

1. **Please read all instructions carefully before filling the form.**
2. Fill the form by typing using Nitro pdf editing software (or any such software) with weblink provided on University website.
3. Hand written forms will not be accepted.
4. The entire form is to be strictly filled in legible CAPITAL letters.
5. Fill the form using the given **font specifications only**: **Font style = Times Roman Bold ; Font size = 8 ; Colour of font = Black**
6. Please check the entire filled form before submission.
7. Incomplete forms will not be accepted and may be rejected without notification.
8. No column should be left empty or unfilled.
9. Wherever applicable, please write YES.
10. For information not furnished, please write NO.
11. Wherever not applicable , please type NA.
12. Asterisk (*) : Mandatory.
13. Write within the area provided. Margin of box should not be merged with the written matter.
14. Full signature in candidate's own handwriting (no abbreviations or initials).
15. Passport photograph instructions: Paste with glue, recent passport size photograph (captured within last 6 months) duly attested by the Dean/ Principal/ Head of the Institution. Attestation should not be defacing. Do not staple or affix by other means.
16. The passport sized photograph should be of the following specifications:
    Coloured photograph ; Size= 3.5 cm(horizontally) x 4.5 cm (vertically) ; Optimum clarity of photography and print ; Should not be shadowed ; Should not be digitally edited ; Should cover the full face, full head (from top of head to bottom of chin), till shoulder level, front view of face orientation, natural facial expressions, eyes open (eye balls centred) ; White background ;
    Head coverings are not permitted except for religious reasons, but the facial features from bottom of chin to top of forehead and both edges of the face must be clearly shown.
17. All names of individuals should be as mentioned in the 10th std. mark sheet (certificate) of candidate or gazette notification.
18. All information entered in the form should match with the concerned original documents.
19. Faculty: Medicine / Dentistry / Nursing / Paramedical Sciences / Others.
20. Addresses must be provided in detail.
21. This form is meant for University enrollment purpose only.
22. Approval of documents submitted will be subject to verification by the University authorities.
23. Areas specified as "for University use only" should not to be filled by candidate (grey shaded areas)
24. After filling the form in typed format as instructed above, a print out is to be taken and then signed along with thumb impression and photograph placement at the desired places.
25. The duly filled and printed form is to be submitted by the candidate to the Student Section of the respective Institution for verification.
26. The Student Section will forward the applications to the University after verification.

CHECKLIST of documents to be submitted by the candidate
Write YES wherever applicable. Wherever not applicable, please write NA.

Sl. No.	Particulars of documents	For candidate use		For Institution Use only	For University Use only
		Original	Attested Photocopy	Verified	Verified
1.	For NRI candidates only (any one of the following): a. Nationality Certificate issued by District Magistrate / Additional District Magistrate / Chief Metropolitan Magistrate b. Birth Certificate endorsed with Nationality "Indian" on it c. Photocopy of Valid Passport duly attested by Dean / Principal / Director	NA	NA		
2.	Domicile certificate	YES	YES		
3.	10th std. / recognized equivalent pass certificate	YES	YES		
4.	12th std. / recognized equivalent pass certificate	YES	YES		
5.	Caste Certificate (if applicable)	NA	NA		
6.	Copy of Gazette notification for change in name (if applicable)	NA	NA		
7.	# Migration Certificate issued by the respective Board/University.	YES	YES		
8.	# Affidavit Gap Certificate (made by the student duly certified by Executive Magistrate/Notarised (if applicable)	NA	NA		
9.	Physically Handicapped Certificate (as per the format prescribed by respective Competent Authority) (if applicable)	NA	NA		
10.	Copy of Aadhar Card / Driving licence (permanent) / Voter id / Passport.	YES	YES		
11.	Registration certificate issued by the concerned Apex body (e.g.: MCI, DCI, INC, etc.)	YES	YES		
12.	Proof of having passed previous qualifying course examination.	YES	YES		

Note:

1. It is mandatory to submit all applicable documents and attach them with the filled form in the exact serial order as per above checklist, with one set of originals [marked with **#**] and one set of attested photocopies. The original documents (marked with **#**) will be retained by the university.
2. Status of submission of documents shall be subject to verification by Malwanchal University office.

Place **:** ......INDORE...

Date **:** ....

Signature of candidate

For Institution Use only:
Name of Verifying Officer **:** ....
(in CAPITAL alphabets)
Date **:** ....

Signature of verifying Officer

For University Use only:
Name of Verifying Officer **:** ....
(in CAPITAL alphabets)
Date **:** ....

Signature of verifying Officer