

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
Adhinyam No.17 of 2007)

Registration no.: MPPU20



Corporate Office:
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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 course
(Diploma / Undergraduate Degree / Postgraduate Degree / Postgraduate Diploma / Super Speciality

Degree / PhD) in the **batch** 20.....—..... , under the **faculty** of

..... (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			
*3. Name of candidate			
*4. Father's name			
*5. Mother's name			
6. Spouse's name			
7. Name of Guardian		(*In case of demise of both parents)	
8. Relationship of candidate with guardian			
9. Name of Local guardian			
10. Relationship of candidate with local guardian			
*11. Name and complete Address of institution			
*12. Date of Birth		*13. Age as on 31 st December of admission year (in numerical)	Years Months Days
	Date Month Year		
*14. Admission Date		*15. Gender	Male Female
	Date Month Year		
*16. Left Hand Thumb Impression of Candidate		*17. Specimen Signature of candidate (within the box)	
*18. Category		*19. Special / other reservation, if any (Specify)	
SC ST OBC UR			
Mobile numbers (contact):			
*20. Candidate		*21. Father	
*22. Mother		23. Spouse	
24. Guardian		25. Local guardian	
*26. NATIONALITY		*27. DOMICILE	
Indian NRI Foreigner (Specify)		MP state If other state, specify (no abbreviations)	
*At least any one of the following:			
28. Aadhaar Card No.		29. Driving Licence (permanent) no.	
30. Voter identity card no.		31. Passport no.	