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

DENTISTRY
.....................................………. (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 DENTAL SURGERY**
*3.	Name of candidate	**LALITA DEWADA SONKAR**
*4.	Father's name	**MR. VISHAL DEWADA**
*5.	Mother's name	**MRS. ANITA DEWADA**
6.	Spouse's name	**MR. VIKAS SONKAR**

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.AKHILESH DEWADA**	
10.	Relationship of candidate with local guardian	**PATERNAL UNCLE (FATHER'S BROTHER)**	

*11.	Name and complete Address of institution	**INDEX INSTITUTE OF DENTAL SCIENCES INDEX CITY,NH-59A,NEMAWAR ROAD, DISTRICT INDORE-452016 (MADHYA PRADESH)**

*12. Date of Birth								
1	6	0	7	1	9	9	3	
Date		Month		Year				

*13. Age as on 31st December of admission year (in numerical)		
Years	**22**	
Months	**05**	
Days	**15**	

*14. Admission Date								
1	4	1	0	2	0	1	5	
Date		Month		Year				

*15. Gender		
Male	**NA**	
Female	**YES**	

*16.

Left Hand Thumb Impression of Candidate

*17.

Specimen Signature of candidate (within the box)

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

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

Mobile numbers (contact):

*20.	Candidate	7772548912	*21.	Father	7575124726
*22.	Mother	9275802492	23.	Spouse	9433612571
24.	Guardian	**NA**	25.	Local guardian	9712725314

*26. NATIONALITY				*27. DOMICILE		
Indian	NRI	Foreigner (Specify)		MP state	If other state, specify (no abbreviations)	
YES	**NA**	**NA**		**NA**	**RAJASTHAN**	

*At least any one of the following:

28.	Aadhaar Card No.	577619182968	29.	Driving Licence (permanent) no.	RJ09N-2007-0251405
30.	Voter identity card no.	NFP4772802	31.	Passport no.	NI539673

E.mail id:

33.	Candidate	LALITA12345@GMAIL.COM
34.	Father	VISHAL.S@GMAIL.COM
35.	Mother	ANITA741@GMAIL.COM
36.	Guardian	NA
37.	Local guardian	AKHILESH726@GMAIL.COM
38.	Spouse	VIKAS154@GMAIL.COM

*39.	Details of HSC/CBSE/ISC/ICSE / 12th std. Examination passed	
	Name of Board	BOARD OF SECONDARY EDUCATION ,MADHYA PRADESH,BHOPAL .
	Year of Passing	2013

*40.	Details of Qualifying Examination:	
	Name of Examination	DMAT (DENTAL MEDICAL ADMISSION TEST)
	Name of Board / University	APDMC (ASSOCIATION OF PRIVATE DENTAL & MEDICAL COLLEGES OF M.P) , BHOPAL.

| *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 :- G-11 INDEX DENTAL GIRLS HOSTEL INDEX CITY NH - 59A NEMAWAR ROAD		152/22 S.S. COLONY BEHIND CITY HOSPITAL	
City	INDORE	City	GORAKHPUR
District	INDORE	District	GORAKHPUR
Pin code	452016	Pin code	457241
State	MADHYA PRADESH	State	UTTAR PRADESH
Country	INDIA	Country	INDIA

| *44. | DECLARATION BY THE CANDIDATE |

I, LALITA DEWADA SONKAR .... , son/ daughter/ of Mr. / Mrs. / Dr. .... VISHAL DEWADA .... , admitted in course BACHELOR OF DENTAL SURGERY .... , admission year ....2015......................... in the institution ....INDEX INSTITUTE OF DENTAL SCIENCES,INDORE (M.P.) , 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 running 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 <u>read all instructions</u> carefully <u>before</u> 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 <u>entire form</u> is to be strictly filled in legible <u>CAPITAL</u> letters.
5. Fill the form using the given **<u>font specifications only</u>**: **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 <u>not applicable</u> , 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 <u>not applicable</u>, 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)	YES	YES		
6.	Copy of Gazette notification for change in name (if applicable)	YES	YES		
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)	YES	YES		
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.	NO	YES		
11.	Registration certificate issued by the concerned Apex body (e.g.: MCI, DCI, INC, etc.)	NA	NA		
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