

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 POST GRADUATE DEGREE course
(Diploma / Undergraduate Degree / Postgraduate Degree / Postgraduate Diploma / Super Speciality

Degree / PhD) in the **batch** 20.15.....—.....16..... , under the **faculty** of

NURSING..... (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	MASTER OF SCIENCE IN NURSING		
*3. Name of candidate	SANTOSH BESHVAL		
*4. Father's name	MR. KAILASH BESHVAL		
*5. Mother's name	MRS. SARLA BESHVAL		
6. Spouse's name	MRS. POORNIMA BESHVAL		
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. RAMESH KHARE		
10. Relationship of candidate with local guardian	MATERNAL UNCLE (MOTHER'S BROTHER)		
*11. Name and complete Address of institution	INDEX NURSING COLLEGE, GRAM MORODHAT, POST BHAVLIA KHURD, NEAR KHUDEL VILLAGE, NEMAWAR ROAD, DISTRICT INDORE- 452016 (MADHYA PRADESH)		
*12. Date of Birth	0 8 0 6 1 9 9 2		
	Date	Month	Year
*13. Age as on 31 st December of admission year (in numerical)	Years	23	
	Months	06	
	Days	23	
*14. Admission Date	3 1 0 7 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
	NA	NA	YES
			NA
*19. Special / other reservation, if any (Specify)	NA		

Mobile numbers (contact):

*20. Candidate	7770811129	*21. Father	8959895823
*22. Mother	8982464529	23. Spouse	9893042396
24. Guardian	NA	25. Local guardian	7389923561
*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.	953338340359	29. Driving Licence (permanent) no.	MP09N-2006-1245631
30. Voter identity card no.	JZY1251355	31. Passport no.	N12345678

E.mail id:

33.	Candidate	SANTOSHBESHVAL@GMAIL.COM
34.	Father	KAILASH BESHVAL@YAHOO.COM
35.	Mother	BEHWALSARLA@REDIFFMAIL.COM
36.	Guardian	NA
37.	Local guardian	RAMESHKHARE156@GMAIL.COM
38.	Spouse	POORNIMA45@YAHOO.COM

*39.	Details of HSC/CBSE/ISC/ICSE / 12 th std. Examination passed	
	Name of Board	MADHYA PRADESH
	Year of Passing	2012

*40.	Details of Qualifying Examination:	
	Name of Examination	NA
	Name of Board / University	NA

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

*42.	Candidate's present local postal address	
	ROOM NO. 104 INDEX NURSING BOYS HOSTEL, GRAM MORODHAT, POST BHAVLIA KHURD, NEMAWAR ROAD	
	City	INDORE
	District	INDORE
	Pin code	452016
	State	MADHYA PRADESH
	Country	INDIA

*43.	Candidate's permanent postal address	
	HOUSE NO.212 GANDHI NAGAR NEAR APOLLO HOSPITAL, M.G. ROAD	
	City	BHOPAL
	District	BHOPAL
	Pin code	464402
	State	MADHYA PRADESH
	Country	INDIA

I, **SANTOSH BESHVAL**, son/ daughter/ of Mr. / Mrs. / Dr. **KAILSH BESHVAL**, admitted in course **MASTER OF SCIENCE IN NURSING**, admission year **2015** in the institution **INDEX NURSING COLLEGE, 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):	
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***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
AIU	Association of Indian University
BSc	Bachelor of Science
CBSE	Central Board of Secondary Examination
GOI	Government of India
HOI	Head of Institution
HSC	Higher Secondary (10 +2)
ICSE	Indian Certificate of Secondary Education
id	Identity
ISC	Indian School Certificate
LC	Leaving certificate
MP	Madhya Pradesh
NRI	Non-resident Indian

ABBREVIATION	FULL FORM
NT	Nomadic tribes
OBC	Other backward class
PCB	Physics, Chemistry, Biology
PhD	Doctor of Philosophy
SC	Scheduled Caste
SSC	Secondary School Certificate (10 th std.)
ST	Scheduled Tribe
std.	Standard
TC	Transfer certificate
UR	Unreserved
VJ	Vimukta jati (Denotified tribes)

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.	10 th std. / recognized equivalent pass certificate	YES	YES		
4.	12 th 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)	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.	NO	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