MANIPAL UNIVERSITY AIPUR (University under Section 2(f) of the UGC Act)

REGISTRATION FORM (UG/PG)

(Academic Session 2024-25)

Application No:.....

(PLEASE FILL FORM IN BLOCK LETTERS)

1.	Program applied for
2.	Name of the Applicant (As per 10th marks sheet)

	-				
	er's Name				
					I/F)
7. Categ	gory (GEN/ST/SC/OBC)	8. Address for Corres	pondence		
 City PIN		PIN	State		
Country					
9. Natio	onality1	D. Religion 11			
-	cially Abled (Yes/ No)	•	es/ No)		
	haar No		-		
	15. Student Mobile NoEmail ID				
		Email ID			
	ficate/Documents to be submit				
S.No.			Submitted	Pending	Reason for Pendency
1	X Marks Sheet & Passing C	certificate (Self Attested			
	Photocopy)				
2	XII Marks Sheet (Self-Attested Photocopy)				
3	XII Passing Certificate (Self-Attested Photocopy)				
4	UG Passing Certificate (Self Attested Photocopy) only				
	for Post Graduate Program				
5	Transfer Certificate (Origin				
6	Character Certificate (Orig				
7	Migration Certificate (Orig				
8	MET rank card/ JEE-Mains				
9	Anti-Ragging Affidavits (Original, Downloaded				
	from Anti-Ragging Portal)				
10	Anti-Drug Affidavits (Original both candidate and				
	guardian on Minimum Rs/-	50 Stamp Paper)			
11	Medical Fitness Certificate	e (Original should be			
	signed by registered medic	al practitioners)			

DISCLAIMER:

If there are not sufficient numbers of applications in any program the institute reserves the right not to offer same program. In such cases the candidates may be offered alternative programs based on their willingness and eligibility.

DECLARATION BY THE CANDIDATE:

• I hereby declare that all the information given by me in this application is true and correct to the best of my knowledge and belief. I also note that if any of the above statements are found to be incorrect or false or any information or particulars have been suppressed or omitted there from, I am liable to be disqualified and my admission may be cancelled. I have read and understood the contents of the Admission Announcement for the various Programs. I hereby permit the University to use, display or transfer any of the details furnished by me in this form for complying with the admission formalities/Regulatory Authorities.

 I agree to confirm to the rules and regulations at present in force or that may hereafter be made for the administration of the University and its hostels. I am aware that if I found responsible in any disciplinary issue then University has full authority to take any action including expulsion.

Signature of the

Signature of the

Parent/Guardian_

Applicant

For Office Use Only

Documents Received and Checked by:

Name Faculty_____

Signature____

HoD:

Verified by Admission Dept.

Name____

Signature_____

Name _____

Signature_____