

BEFORE FILLING THE FORM PLEASE READ THE INSTRUCTIONS GIVEN ON THE BACK SIDE OF THE FORM CAREFULLY

MANIPUR



UNIVERSITY

Form No.

APPLICATION FORM

MBBS Phase I/Phase II/Phase III(Pt. I)/Phase III(Pt.II) Examination, 20.....(.....)

(To be filled in by the candidate/applicant)

Roll No.

(To be filled in by the University for MBBS Phase I only)

Passport size
photograph to be
attested by the
Head of
Institution

1. Name in full (Block letters) :

2. Father's Name :

3. Date of birth :

4. Address (in full with Pin Code) :

.....

5. Contact No. 6. Sex

7. M.U. Registration No. Year 8. SC/ST/OBC/General

9. Particulars of the last MBBS Phase University Examinations :

Signature of the candidate in full

Examination	University/Institute	Year & Month	Roll No.	Subject(s) appeared	Passed or Cleared Yes/No

10. Particulars of the MBBS University Examination appearing :

Sl.No.	Subject (s) appearing	Examination	Year & Month
1			
2			
3			
4			

11. Attendance of the student/candidate in the subject(s)/department(s) (to be filled in by the Dean's Office) :

A	B	C	D	E
Sl. No.	Subject (s)/ Department(s)	Attendance (related to the upcoming examination)	Debarred from appearing last university examination due to lack of attendance? Yes/No	If Yes (to D), any measures taken up to improve attendance

DECLARATION

I hereby declared that the information provided is correct to the best of my knowledge. In the event of any information being found incorrect my candidature shall be liable to cancellation by the University. I also undertake that I shall abide by the decision, rules and regulations of the University.

Signature of Candidate/Applicant

CERTIFICATE

I certify that he/she had fulfilled all the requirements under the regulations to be eligible to appear at the above examination.

I certify that his/her conduct and progress in study is satisfactory during the course study in this college/institution.

Further, it is certified that the college/institution has been granted affiliation/permission by the University to send up candidate to the above Examination in all Subjects offered by the candidate.

Signature of Head of Institution/Principal

Office Seal

Dated

IMPORTANT INSTRUCTIONS FOR FILLING THE FORM

- * Do not fold the Form.
- * Avoid overwriting.
- * This Form is to be filled in by the candidate/applicant in his/her own handwriting.
- * Write all the particulars neatly in CAPITAL/BLOCK letters.
- * Do not use Photocopy/Xerox of this sheet.