



# MANIPAL UNIVERSITY

INSTITUTE/COLLEGE TO WHICH THE CANDIDATE WISHES TO APPLY

RESEARCH CODE

NAME (As it appears in your Degree Certificate)

DATE OF BIRTH

GENDER (TICK ONE)

 M  F  T

BLOOD GROUP

MARITAL STATUS (TICK ONE)

 M  U

FATHER'S NAME

MOTHER'S NAME

NATIONALITY

MOTHER TONGUE

RELIGION

CASTE

STATE OF DOMICILE

CORRESPONDENCE TO BE SENT TO (TICK ONE)

 R

RESIDENTIAL ADDRESS

 O

OFFICE ADDRESS

RESIDENTIAL ADDRESS

STATE

PIN CODE

STD CODE/TELEPHONE NUMBERS

E-MAIL ADDRESS

OFFICE ADDRESS

STATE

PIN CODE

STD CODE/TELEPHONE NUMBERS

E-MAIL ADDRESS

ACADEMIC RECORD

EXAMINATION PASSED & YEAR OF PASSING	SPECIALIZATION	INSTITUTION	UNIVERSITY	PERCENTAGE OF MARKS	CLASS OBTAINED

PHOTO

SIGNATURE OF APPLICANT

LEFT THUMB IMPRESSION OF APPLICANT

Sign within the box without touching the edges.

PLEASE TURN OVERLEAF

**RESEARCH EXPERIENCE, IF ANY (PROVIDE DETAILS)**

**APPLICATION FEE DETAILS**

DD NUMBER	DATE	AMOUNT	ISSUING BRANCH NAME	ISSUING BRANCH CODE

**PASSPORT AND VISA DETAILS (FOR FOREIGN CANDIDATES ONLY)**

**CITIZENSHIP** (COUNTRY WHOSE PASSPORT IS NOW HELD)

<p><b>PASSPORT DETAILS</b></p> <p><b>NUMBER</b>  <input style="width: 100%; height: 20px;" type="text"/></p> <p><b>DATE OF ISSUE</b>      <b>VALID UPTO</b></p> <table style="width: 100%; text-align: center;"> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>DATE</td> <td>MONTH</td> <td>YEAR</td> <td>DATE</td> <td>MONTH</td> <td>YEAR</td> </tr> </table> <p><b>PLACE OF ISSUE</b>  <input style="width: 100%; height: 20px;" type="text"/></p>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	DATE	MONTH	YEAR	DATE	MONTH	YEAR	<p><b>VISA DETAILS</b></p> <p><b>NUMBER</b>  <input style="width: 100%; height: 20px;" type="text"/></p> <p><b>DATE OF ISSUE</b>      <b>VALID UPTO</b></p> <table style="width: 100%; text-align: center;"> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>DATE</td> <td>MONTH</td> <td>YEAR</td> <td>DATE</td> <td>MONTH</td> <td>YEAR</td> </tr> </table> <p><b>PLACE OF ISSUE</b>  <input style="width: 100%; height: 20px;" type="text"/></p>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	DATE	MONTH	YEAR	DATE	MONTH	YEAR
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DATE	MONTH	YEAR	DATE	MONTH	YEAR																				

**PLACE OF REGISTRATION WITH GOVERNMENT AUTHORITY**

**DATE OF REGISTRATION**

<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
DATE	MONTH	YEAR

I hereby declare that the information that I have furnished herein is true to the best of my knowledge.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**ENCLOSURES:**

- ▶ Attested copy of the degree certificate of qualifying examinations
- ▶ Attested copies of the marks cards of qualifying examinations
- ▶ Any other relevant documents
- ▶ Demand Draft (Application Fee)

**SIGNATURE OF THE CANDIDATE**