

# Madhav Institute of Technology & Science, Gwalior

(An Autonomous institute under RGPV, Bhopal)

## APPLICATION FORM FOR REGISTRATION

(For programme of B.E., B. Arch., M.E., MCA, M.Arch & M. Tech.)

1. Enrolment No.

2. C.R.No.

3. Exam Roll No.

4. Registration No.  (for office use)

5. Academic year ..... Semester ..... Branch .....

6. Date of joining the semester .....

7. If staying in Hostel :

7a. Hostel No. .... Room No. ....

7b. Local Guardian's Name ..... Add. .... Phone.....

8. Details of Fees : Cross(X) the Appropriate Box only. Please attach Xerox copy of fee receipt.  
Cash  Draft

8a. For Cash : Receipt.No. :  Date :  Amount (in Rs.)

8b. D.D. Details

No.	Date of issue	Amount (In Rs.)
<input type="text"/>	<input type="text"/>	<input type="text"/>
	dd mm yyyy	

Bank & branch Name

9. Name of applicant

SURNAME	NAME
<input type="text"/>	<input type="text"/>

10. Father's/Husband's Name (If father is not alive, mention mother's name)

11. Permanent address (Leave a blank box between each unit of address like House No., Street name, P.O. etc.)

City/District  PIN Code

Phone No. with STD Code

E-mail address (if any)

12. Address for correspondence (Leave a blank box between each unit of address like House No. Street name P.O.etc.)

City/District

PIN Code  STATE

Affix your latest  
Photograph  
4cm x 5cm duly  
attested by you

13. Date of Birth:          
 dd mm yyyy

14. Sex:  Male  Female

15. Nationality (Cross the appropriate box):  India  Other. If other, specify .....

16. Category: cross (X) the appropriate box only

General  OBC  SC  ST  Other

17. Social Status: Cross (X) the appropriate box only

X-service man  War widow  Other, Specify

18. Marital Status: Cross (X) the appropriate box only

Married  Unmarried

19. Details of backlog, if any, so far (from 1<sup>st</sup> year onwards)  
 (Not applicable for 1st sem. students of any programme)

1<sup>st</sup> Year  2<sup>nd</sup> Year

III Year  IV Year

20. Details of Scholarship being received, if any  
 Amount(annually) ..... Govt./Dept..... Family Income (Yearly) .....

**CHECK LIST :**

- Affix Photograph and sign over it. Attach xerox copies of the following documents :
- (i) Demand Draft/Challan Form for programme fee
  - (ii) Certificates in support of educational qualification (s)
  - (iii) Category Certificates for SC / ST / PH / OBC / FF / S candidate.

**DECLARATION BY APPLICANT**

I here by declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information in this regard. In the event of any information being found incorrect and misleading and if I am found involved in the activity of ragging or indecent behaviour, my admission shall be liable to cancel by the University /Institute at any time. In case of cancellation of admission, no claim for refund of any fee paid by me will be raised by me. Further, I have carefully studied the rules / ordinance of the University applicable to me and I accept them and shall not raise any dispute in future over the same. I will attend all the classes regularly (as per the academic calendar of the institute from the beginning of the semester. However, my promotion to the next semester will be subjected to fulfilling the requirements of RGVP norms after the declaration of the result/revaluation result). If I do not comply with the attendance requirement, I may be debarred from appearing in the mid semester and semester examinations.

Date: \_\_\_\_\_ Signature of Candidate

Signature of Father / Guardian \_\_\_\_\_

# MADHAV INSTITUTE OF TECHNOLOGY AND SCIENCE: GWALIOR

Department .....

Date: .....

## UNDERTAKING

(session ..... semester)

I, ..... Son/Daughter of Mr. ....

Class.....Year.....Branch.....College Roll No. ....  
promise to attend the classes regularly in the current semester (semester ..... ) to fulfill  
the requirement of the attendance and will submit the sessionals within the stipulated time.  
I hereby understand that if I fail to do so, action will be taken against me by the  
Department/Institute and I may be debarred from appearing in the semester exams of  
(session.....semester).

Signature of Parent/Guardian

Parent/Guardian's Name : .....

Mobile/Landline No. : .....

Present Address : .....

.....

Signature of Student

Name: .....

Mobile No. : .....

Address : .....

.....

# MADHAV INSTITUTE OF TECHNOLOGY AND SCIENCE: GWALIOR

Department .....

Date: .....

## UNDERTAKING

(session ..... semester)

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(session.....semester).

Signature of Parent/Guardian

Parent/Guardian's Name : .....

Mobile/Landline No. : .....

Present Address : .....

.....

Signature of Student

Name: .....

Mobile No. : .....

Address : .....

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