

ADMISSION FORM
MONAD UNIVERSITY.

This form should be filled by the applicant applying for admission to any regular programme of this University, in his/ her clear and legible writing in BLOCK LETTERS, and in BLUE/ BLACK INK ONLY.

1. COURSE NAME:

2. NAME OF THE CANDIDATE :

3. PHYSICAL STANDARD: HEIGHT ft. Inch :

4. GENDER: Male/ Female :

5. CATEGORY: GEN/ ST/ SC/ OBC :

6. NATIONALITY: Indian/ Others : If any

Valid Till: / / (DD/MM/YY) Issuing Country VISA Type: Time

7. DATE OF BIRTH: / / (DD/MM/YY)

8. BLOOD GROUP:

9. CORRESPONDENCE ADDRESS:

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CITY STATE PIN CODE

11. TEL NO MOBILE NO

12. EMAIL ID

13. HOSTEL ACCOMMODATION: YES/ NO AC/ Non AC

14. TRANSPORT REQUIRED: YES/ NO

15. PRE-QUALIFYING TEST:

(For School of Management) CAT/ MAT/ GMAT/ XAT/ ATMA/ UPTU/ OTHERS.

If others, please specify (for S

If others, please specify

16. DATE OF TEST: / / Roll / ID Score Percentile

17. EDUCATIONAL QUALIFICATIONS:

It is mandatory to attach certified copies of educational qualification (as applicable) from Class X onwards till last completed semester/year.

Name of the Examination : Board/ University

Passing Year Subjects

School/ College

Attended %age/ Div

High School/ Equivalent

Intermediate/ Equivalent

Graduation

Post-Graduation

Others

18. HAVE YOU BEEN AWARDED ANY SCHOLARSHIPS? IF YES, PLEASE GIVE DETAILS:

19. AWARDS/ PRIZES

AWARD Year For

Name of Activity Period of Participation Position

20. ACTIVITY ACHIEVEMENTS:

21. EMPLOYMENT, IF ANY

Date of Employment:

Your Role and Responsibilities:

Nature of Organization's activities:

From:

To:

Address:

Tel:

Annual Turnover:

No. of Employees:

Your Designation:

Last Salary Drawn:

Name of Organization:

Full Time / Part Time

22. FAMILY INFORMATION:

E-mail

Address

Employee ID if working at MONAD

23. DO YOU SUFFER FROM ANY CHRONIC AILMENT?

if yes, give details:

24. HAVE YOU EVER BEEN SUSPENDED, DISMISSED OR PUT ON ACADEMIC PROBATION AT ANY SCHOOL OR COLLEGE?

Yes/ No

Yes/ No if yes, give details:

25. DETAILS OF PAYMENT FOR APPLICATION FORM :

By Cash Receipt No.

By Demand Draft Receipt No.

DD No.

Bank

Date

26. ENCLOSURES CHECK LIST:

25. DECLARATION:

I hereby declare that the information given in the application form is complete and true to the best of my knowledge and belief. I undertake to abide by all rules and regulations of the MONAD. I understand and agree that misrepresentation, concealment of facts, any contravention or breach of rules and regulations will justify denial / cancellation of admission / expulsion and / or initiation of proceedings under appropriate law. I have read and do hereby agree to the terms and conditions for admissions.

Place

Date

Signature of the Candidate

Parent / Guardian's Endorsement

I agree with the above and take full responsibility of my son / daughter / ward and to pay all his / her dues, till completion of the Course.

Parent's/ Guardian's Name:

Signature:

Place:

Date:

TERM AND CONDITIONS FOR ADMISSION

1. **Non-Liability:** Prospectus/ Application Form and other admission correspondence will be sent by Post/ Courier.

However, MONAD will not accept responsibility for delays and/or loss of admission correspondence in transit.

2. **Cancellation of Admission:** MONAD reserves the right to cancel admission of short listed candidates in any of the following circumstances:

a. If the fee is not deposited by the stipulated date.

b. If the candidate does not join the particular programme by the stipulated date even though the fee has been deposited.

c. If the candidate fails to furnish the proof of stipulated minimum qualifications.

d. If, in the opinion of the concerned authority, the candidate has violated any of MONAD norms/ rules/ regulations or has in any manner shown disrespect towards the traditions/ staff of MONAD.