



# MAHATMA GANDHI VIDYAPEETH INSTITUTE OF MANAGEMENT & TECHNOLOGY

## EXAMINATION FORM

**To be filled by the Institute**

Examination Center	
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**To be filled by Candidate**

Enrollment Number	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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To be Filled by Candidate

1. Institute Code	
<input type="text"/>	<input type="text"/>

3.

Paste (Do not staple)  
recent Photograph  
(Size 35mm x 45 mm)  
duly attested by the  
Dean/Principal/Head  
of the Institution

2.

Signature of the candidate in  
running hand, within the box only

To,  
The Controller of Examination  
MGVIMT  
New Delhi

Sir,  
I request permission to present myself at the ensuing..... **(Main / Back/ Supplementary)**  
examination to be held in the month \_\_\_\_\_and year **20\_\_**. I furnish my details as stated below:

**4. Candidate's name in Capital Letters** (Strictly as per Class X Marksheet/Certificate):

First Name	<input type="text"/>
Middle Name	<input type="text"/>
Surname	<input type="text"/>

5. Date of Birth

Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Gender

Male	<input type="checkbox"/>
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Female	<input type="checkbox"/>
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**7; Mother's Name in Capital Letter: (Leave a gap between first Name, Middle Name and Surname)**

<input type="text"/>
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**8; Father's / Husband Name in Capital Letters: (Leave a gap between first name, Middle Name and Surname)**

<input type="text"/>
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**9; Candidate's mailing address in Capital Letters Only:**

House no.	<input type="text"/>	Building/Locality	<input type="text"/>
Street	<input type="text"/>	<input type="text"/>	<input type="text"/>
Town	<input type="text"/>	District	<input type="text"/>
State	<input type="text"/>	Pin Code	<input type="text"/>

**10. College Name:**

<input type="text"/>
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**11. Contact No :**

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

13. Email Address: .....					
<b>12. I will be appearing for the following Papers: -</b>					

Sr. no.	Paper name	Paper code	Semester
1			
2			
3			
4			
5			
6			

### 15. DECLARATION BY THE CANDIDATE

- 1) I am aware that, I have to fulfill criteria of attendance and Internal Assessment prescribed by the Institute/ MCI, failing which I shall be held "Not Eligible" and will not be allowed to appear for examination.
- 2) I hereby declare that I have gone through the syllabus as prescribed and adopted by the Institute and relevant rules of the Head of Institution which are applicable for the examination for which I am appearing and I accept the same without any challenge (wherever applicable).
- 3) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me in the examination form.
- 4) I am not defying the criteria of the admission order.
- 5) I am not admitted to the course after the cut-off date declared by the Institute for Grant of terms.

Place :

Date :

Signature of Candidate in running hand

### 16. FOR THE USE OF INSTITUTION OFFICE

Fulfills Attendance Criteria	YES	NO	Fulfills Internal Assessment Criteria	YES	NO
<b>Attachments</b>					
Fee Receipt No.	YES	NO		YES	NO
Signature of Verifying Officer					

### 17. CERTIFICATE BY THE HEAD OF INSTITUTION

I certify :

1. That Shri/Smt./Kum..... is a bonfire student of this institute, admitted to the.....course in the Admission Session 20\_\_ - \_\_. He/she is not admitted to the course after the cut - off date for grant of terms.
2. That his/her attendance is not less than as prescribed by the Medical council of India norms in lecture teaching and practical work up to submission of this application.
3. That the candidate has completed the academic terms and appeared in mandatory number of internal assessment tests as per the MCI rules and has scored internal assessment marks required to appear in this examination (wherever applicable).
4. **That the information furnished by the said candidate is verified from his/her documents and that the candidate is Eligible to appear for Examination.**

Place:

Date:

Signature & Seal of the HOI