



MARTIN LUTHER CHRISTIAN UNIVERSITY

Dongkatieh, Block 1, Nongrah, Shillong-793006, Meghalaya.

Website: www.mlcuniv.in Ph: +91364-2535437; E-mail: admissions@mlcuniv.in

2023

Please tick the appropriate box

Theology

Family life Health Educator - M.Sc/ P.G Diploma Diploma Certificate

Integrated Behaviour Health Counselling M.Sc P.G Diploma Diploma Certificate

Lateral Entry

Affix one
Passport
size photograph in
white background
here

Name of the Associate Institution: _____

FOR OFFICE USE

Full Name (Block Letters): _____

Present Address in full: _____

State: _____ Pincode _____

Permanent Address in full: _____

State: _____ Pincode _____

Contacts: Landline _____ Mobile: _____ E-mail: _____ @ _____

Date of Birth: _____ Place of Birth: _____
(District) (State)

Gender: Male Female Blood Group: _____ Nationality: _____

Category SC/OBC/General Religion: _____

Father's Name _____ Mother's Name _____

Father's details: Profession: _____ E-mail: _____ Contact No: _____

Mother's details: Profession: _____ E-mail: _____ Contact No: _____

Local Guardian's Name: _____ Relationship _____

Address: _____ Contact No: _____ Email: _____

Educational Qualifications:

Board/University	Institution	Year of Passing	Exam passed with Stream	Class/Division

I, student of
(name of the student)

....., an Associate member of Martin Luther Christian University,
The name of the Associate Member institution)

Shillong, Meghalaya in the programme of *(Degree/Diploma)* for the academic session starting from AY shall be of good behaviour and shall comply with the rules and regulations of the University. I shall not in any way bring the name of the University into disrepute in and/or outside the University and to the Institution through which I am applying to the University. I will adhere to the policies followed by the University and the Associate Institution, such as:

- i. Anti-Sexual Harassment Policy ii. Anti-ragging Policy iii. Academic Rules
- iv. Guideline and Code of Conduct v. Evaluation Rules vi. Promotion Policy vii. Values of the University

- A. I promise to maintain attendance as per the Attendance Policy of the University
- B. I promise to pay the fees (Semester instalments) and any other dues within the stipulated time as mentioned by the University, failing which I adhere to pay a late fee of Rs 100/- will be charged per day from the last day of payment of instalments and they may further be liable to be restrained from attending classes.

I further undertake to accept in good faith whatever disciplinary measure the University/Associate Member Institution takes on me in the event that I contravene its rules and regulations.

Signature of Student: _____ Date: _____

Please submit complete and correctly filled-in application form to the Registrar, Martin Luther Christian University, Dongkieteh, Block 1, Nongrah, Shillong-793006, Meghalaya. Ph No+364-2535437. E-mail: admissions@mlcuniv.in

Checklist of enclosures: *(Self Attested Photocopies and Gazetted rank officer/head of the Associate Member Institution)*

1. Mark list/transcript of Class X, Class XII and Graduation of all semesters/years whichever applicable.
2. SC/ST/OBC certificate (if applicable)
3. Birth Certificate / examination pass certificate/ admit card showing date of birth
4. Transfer Certificate from institution last attended / Migration certificate from Board OR Institution last attended / No objection certificate from institution last attended for Diploma OR Undergraduate courses
5. Migration certificate from University last attended/ No objection certificate from institution last attended (**original copies only**) for Post Graduate Courses
6. Voter's ID/ Aadhar card/ Permanent Residential Certificate for address proof.
7. One colour passport size photograph in white background.
8. For candidate awaiting results/requesting for transfer:
 - i. Provide marksheets for each semester/year.
 - ii. Provide a no objection certificate for UG/PG from the institution last attended.
9. Application fee of Rs 500/- by cash / crossed Demand Draft in favour of "Martin Luther Christian University" payable at Shillong.

LAST DATE OF FORM SUBMISSION OF THE FILLED IN APPLICATION:

COMMENTS by the HEAD OF THE ASSOCIATE MEMBER INSTITUTION:

Place: _____

Date: _____

**Signature of the Head of the Associate Institution
 (Name in CAPITAL LETTERS)**