



Martin Luther Christian University

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

Website: www.mlcuniv.in Ph: +364-2535437; E-mail: admissions@mlcuniv.in

Admission form for Foreign Students 2019-2020 Academic Year

The Light of Truth

Please tick the appropriate box

Allied Health Sciences

- DMLT DMIT
- B.Sc. MLT M.Sc. MLT (M/CB)
- B.Sc. SOTT M.Sc. MLT
- B.Sc. MIT M.Sc. MIT
- B.Sc. PhA M.Sc. N&D
- B.Sc. CH MA N&HE
- B.Sc. FS&N M. Optom
- B.Sc. HIM B. Optom
- BA N&HE

Computer Sciences

- CCHT BCA (WT/H&N/ MA)
- DCA BCA (A&M)
- PGDCA M.Sc.IT
- MCA

Environment & Traditional Ecosystems

- BA ES MA ES
- B.Sc. ESc M.Sc. ESc

Any Other: - _____

If you have more than one choice, please indicate
Order of preference

1. _____
2. _____
3. _____

Economics, Commerce & Management

- BBA B.Com
- M.Com DED
- MBA CCCRM
- MA Eco

Social Work

- BSW
- MSW MPH**

Tourism & Travel Management

- BTTM
- MTTM

English & Communication

- MA English MA Eng Lit
- Refresher Course for Teachers (I)

Conflict Management & Peace Initiatives

- MAPJ

Theology

- MTh
- DPCS

Music

- BA Mus PGD Mus
- MA Mus

Psychology

- CBSC B.Sc. Psy
- M.Sc. CP

Affix one
Passport size
photograph in
white background
here

FOR OFFICE USE

Full Name (in block letters): _____

Passport Number: _____ Date of Expiry: _____

Visa Number: _____ Date of Expiry: _____

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

Date of Birth: _____ Place of Birth: _____ Country: _____

Gender: Male Female Other Country of Birth: _____ Nationality: _____

Religion: _____ Blood Group: _____

Father's Name: _____ Mother's Name: _____

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

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

Home Country Address: _____

City: _____ State: _____ Country: _____ Post Code: _____

Current Address (Shillong): _____

Pin Code: _____

Local Guardian's Name: _____ Relationship: _____

Address: _____ Contact No: _____ Email: _____

Educational Qualifications:

Board / University	Institution	Year of Passing	Exam Passed with Stream if any	Class / Division/ Grade

I,, hereby undertake that my ward,

(name of parent/guardian/sponsor)

....., currently admitted in the Martin Luther Christian

(name of candidate)

University in the programme of _____ Degree/Diploma in the Department of _____ for the session starting from AY 2019-2020 shall be of good behavior and shall comply with the rules and regulations of the University. My ward shall not in any way bring the name of the University into disrepute in and/or outside the University campus through my ward's acts and actions. Specifically, my ward shall abide with the following policies of the University:

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

Further, my ward shall not:

- Cause any detriment to the interest, well-being or good name of the University, any of the students, staff, officers or employees of the University;
- Cause any detriment to public order, safety or security, morality, decency or discipline;
- Violate any provision of any written law, rules, guideline and code of conduct, whether within or outside campus;
- Fail to maintain attendance as per the Attendance Policy of the University
- Delay in payment of programme fees (Semester installments) and any other dues within the stipulated time as mentioned by the University, failing which a late fine fee of Rs 100/- will be charged per day from the last day of payment of installments and they may further be liable to be restrained from attending classes.

During the admission process, I have been informed and have understood that my ward will be referred to the University Counselor as and when required.

I further undertake to accept in good faith whatever disciplinary measure the University takes on my ward in the event that he/she contravenes its rules and regulations. I was also made aware that at any point of time, the parents will be contacted by the University for misbehavior, irregularity to classes, and any such matter deemed fit by the University.

Name of Parent/Guardian/Sponsor:

Address:

Telephone No:

E-mail:

Signature:

Witnessed by: _____ (Name) _____ (Signature) _____ (Relationship to candidate)

(Address) _____

Signature of Student: _____ Signature of Parent/Guardian: _____

Date: _____ Date: _____

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

Checklist of enclosures: (Photocopies duly attested by an Official of the Applicant's country's Embassy- Originals are to be produced at the time of admission for verification)

- Passport
 - Student's Visa (After arrival)
 - Residential Permit (After arrival)
 - All relevant academic documents
 - Birth Certificate / examination certificate showing date of birth
 - Migration certificate (originals required)
 - A No Objection Certificate from the institution last attended.
 - 1 colour passport size photograph in white background duly signed.
 - Application fee of Rs 500/- by cash / crossed Demand Draft in favour of "Martin Luther Christian University" payable at Shillong.
- **For MPH candidates:** - 1. A 500 word essay on a public health issue of relevance to India 2. A 300 word personal statement on 'Why I wish to do an MPH' apart from all the other usual documents to be submitted to the admission desk.

LAST DATE OF FORM SUBMISSION: Undergraduate and Postgraduate courses: **July 15, 2019.**