



**VIDHYAPEETH
And
Faculty
Actuaries**

माखनलाल व्यास विद्यापीठ

MAKHANLAL VYAS VIDHYAPEETH

RECOGNITION GOVT. OF NCT OF DELHI 1170 I.T.A

Office:-1418 D/1 ,S/F 13 KALKAJI NEW DELHI - 110019 , INDIA

Email: mlvvidhyapeeth@gmail.com , WWW.MLVV.IN

**Application form for student admission to the
VIDHYAPEETH and Faculty of Actuaries**

Please complete this form and return it to:- कृपया इस फॉर्म को भरें और इसे वापस लौटाएं :-

Notes

FORM No.

- Applications can take up to five weeks to process.
- This form can be emailed or posted to us, together with the required supporting documents.
- Please read the additional notes on the last page of this application form.
- Correspondence with you will mainly be by email. Please ensure that your email address is clearly legible.

All sections of this form must be completed in full. Failure to do so will result in your form being returned to you.

Please TYPE all your details in this form where possible, but note that all signatures must be handwritten.

कृपया इस रूप में संभवतः अपने विवरण में विवरण दें, लेकिन ध्यान रखें कि सभी हस्ताक्षरों को हस्तलिखित होना चाहिए।

Roll No..... Regd No..... Session No.....

1.Name of the Institute/Center.....

2.Course in.....

3.Duration.....

4.Regular..... On line

To
The principal

Affiliation By "MAKHANLAL VYAS VIDHYAPEETH"

**Affix Pass port
size photo and
attach 6
additional
photos**

I Am

hereby say that I have gone through the rule and regulations mentioned in the Form and agree with them.

I request to enroll me in program/course (.....) of your vidhyapeeth. I agree to pay all charge in

strict accordance with vidhyapeeth rules enforced & further declare that will abide by the vidhyapeeth rules &

discipline and I am submitting following attested copies of

certificates :

ENCLOSED:- 1- Proof of age 2- Certificate or mark sheet 3- 5passport size photograph

4. collaboration / grant money

Cash/bank draft Number..... Dated..... Bank name.....

Signature of Parents/Guardian

Signature of Candidate

Any details Candidate/others work

Signature For Any details

Personal details						
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other (please specify) <input type="text"/>
First name	<input type="text"/>		Middle name(s)	<input type="text"/>		
Father name	<input type="text"/>					
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	Mother name	<input type="text"/>	
Date of birth	D	D	M	M	Y	Y
	<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"/>
Current residential address						
Address	<input type="text"/>					
	<input type="text"/>					
Postal city/town	<input type="text"/>			Postcode	<input type="text"/>	
County	<input type="text"/>			Course	<input type="text"/>	
Telephone number	Country code	<input type="text"/>	Area/City code	<input type="text"/>	Number	<input type="text"/>
Mobile number	Country code	<input type="text"/>	Area/City code	<input type="text"/>	Number	<input type="text"/>
Personal email address	<input type="text"/>					
(please print very clearly)	<input type="text"/>					

Academic Records : (Attach certificates photo copy)

Exam Passed	Subjects	Division	Name of Board Council/University	Detail Roll No. Regd. No. Sr. No. Year
10 th				
10 th +12 th				
Other Qualification				

Signature of Parents/Guardian

-3- MAKHANLAL VYAS VIDHYAPEETH

Signature of Candidate

Rules & Regulations

1. Once paid collaboration / grant money is not refundable
2. Student joining the centre shall have to abide by the rules and regulations from time to time and maintain decorum. In case of dispute, the decision of the VIDYAPEETH will be final.
3. In case of legal dispute, the Jurisdiction will be at Delhi Courts only.
4. Any harsh or abusive language used in the office or written in the letter may effect the admission of the candidate.

DECLARATION /UNDERTAKING BY THE CANDIDATE/PARENTS/GUARDIAN

I here by solemnly declare and undertakes as under:-

1. That the facts mentioned above are fully correct to the best of my knowledge and belief.
2. That I am eligible for admission to the above courses according to min .and max .age for admission.
3. That the information given by me and enclosures submitted are fully correct .If anything is found to be false or what any fraudulent means have been used by me seeking admission I shall abide by The orders of the Vidhyapeeth authorities without any reservation,whatsoever.
4. I shall abide by all the rules and the code of discipline during the course of my studies at the Vidhyapeeth.
5. I am aware that the collaboration / grant once paid shall not be refunded or adjusted under any condition Whatsoever.
6. I/We have carefully gone through all the terms and conditions of admission and the kulguru will have full right power to cancel my admission if any wrongful information.
7. I will be responsible of my ward during course.
8. Having verified the bonafides and the performance of the Vidhyapeeth and fully satisfied,I am seeking admission into the Vidhyapeeth voluntarily.I shall abide by the rules and regulations of the Vidhyapeeth strictly.Ignorance of the same is not an excuse.
9. I shall be personally responsible for the collaboration / grant payment of all his/her vidhyapeeth dues to the best of my knowledge The entries made by my ward are correct and in future I shall neither demand return of collaboration / grant nor be authorized to file any case of law.,I solemnly declare that the above facts are correct to the best my knowledge

Signature of Parents/Guardian

Signature of Candidate

(For office use only)

Since the above candidate has desposited the requisited collaboration / grant money & the documents furnished by him have also been found to be corret, it is recommended that he/she may be admitted.

To diploma /program/course in.....Office asstt./accountant principal.

Dated

(Sig. With seal)