



Sivar Mod, Behind D-Mart, Bindayka,
Sirsi Road, JAIPUR-302012
Mob. 90018 04049, 8094289491

Website : www.manasparamedicalcollege.com • E-mail : mpcjaipur1@gmail.com

ADMISSION FORM

For office use only

(PART-A)

Course Opted	<input type="text"/>	Category <small>(Gen./OBC/SC/ST/Minority)</small>	<input type="text"/>	Enrolment No. of Council	<input type="text"/>
Registration No.	<input type="text"/>	Last Class Attended	<input type="text"/>	Permitted by	<input type="text"/>
Date	<input type="text"/>	% of marks secured	<input type="text"/>		

Please stick
recent passport size
colorful photograph
here

(Please apply only when you agree to abide by all the terms & conditions as mentioned in the College Prospectus)
Please fill-in the details in BLOCK LETTERS only (To be filled in by the applicant)

Personal Information

Name of Student
Surname First Name Middle Name

Details of Birth Date Place Nationality
Day Month Year Place & State

Category Religion
Gen./OBC/SC/ST/PH/Minority (Hindu/Muslim/Sikh/Buddhist/Christian/Parsee)

Current Address

 Phone No.
State Postal Code With Area Code

Permanent Address

 Phone No.
State Postal Code With Area Code

E-mail Address Mobile No.

Family Details

Father's Name
Full Name Aadhar No. PAN No.

Position Held/Nature of Business Total Annual Income Contact Phone No. Mobile No.

Office Address

Mother's Name
Full Name Aadhar No. PAN No.

Position Held/Nature of Business Total Annual Income Contact Phone No. Mobile No.

Office Address

Signature of the Student

Signature of the Parent/Guardian

Local Guardian's Name

Full Name		Relationship	
Position Held/Nature of Business	Total Annual Income	Contact Phone No.	Mobile No.
Office Address			

Academic Record

Exam	Board/University	Name of the Institution and City	Year	Medium	Subjects	% of Marks
X Standard						
XI Standard						
Graduation						

Last Qualifying Exam

Qualifying Exam	Board/University	Name of the Institution and City	Year	Medium	Subjects	% of Marks

Course in which admission is sought

Class

Compulsory Subjects

Optional Subject

Specify Certificate Program opted (Refer Prospectus)
Counseling/ Upward Movements

CHECK LIST (Documents to be enclosed) :

	Photocopy	Checked by Authority (✓/x)	Due Documents
<input type="checkbox"/> Aadhar Card	1		
<input type="checkbox"/> Marksheet of Secondary Examination Original	2		
<input type="checkbox"/> Marksheet of the Qualifying Examination Original	3		
<input type="checkbox"/> Transfer Certificate from the Institution last attended	1		
<input type="checkbox"/> Character Certificate from the Institution last attended	1		
<input type="checkbox"/> Migration Certificate Original	1		
<input type="checkbox"/> Passport size recent colour photographs with white background	-		
<input type="checkbox"/> Certificate of SC/ST/OBC/PH/ Others for seeking weightage	2		
<input type="checkbox"/> Domicile Certificate	2		
Total			

Signature of the Student

Signature of the Parent/Guardian

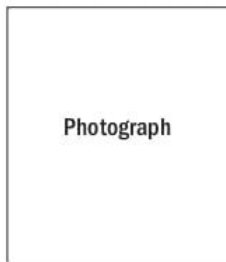
Name & Signature of Authority

(PART-B)
Parent/Guardian's Undertaking

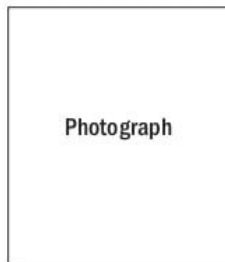
I father/mother/guardian of hereby undertake the responsibility of good and disciplined behaviour of my ward till she remains a student of your college.

I understand that the **Hospital Oriented Programme (HOP)** is essential for the enhancement of my ward's personality. He/She will attend all the classes regularly and strict disciplinary action can be taken against here in case of irregularity.

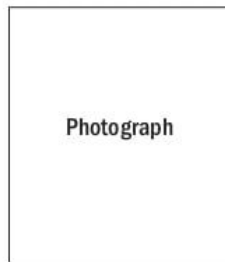
Further, I hold myself responsible for the payment of all her/him dues towards the college. If these remain unpaid by the applicant, I am responsible to pay the penalty 1,000.00 in case of cheque bounced. I hereby certify that the details given by my ward in this form are correct. If any one of them is found to be false, I understand that the admission of my ward will stand cancelled. The local Guardian nominated by me is as below and he/she only will be authorized to meet my ward.



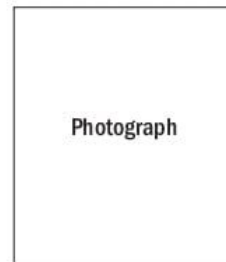
(Father)



(Mother)



(Local Guardian)



(Local Guardian)

Name

.....

Ph.

Signature

Name

.....

Ph.

Signature

Name

.....

Ph.

Signature

Name

.....

Ph.

Signature

In case of any damage to the college property, books or equipments, I shall personally compensate in terms of money. My ward shall abide by the rules and regulations established by the college and the Council & she/he shall follow the dress code strictly.

I understand that if my ward leaves the college after joining the classes, whatsoever may be the reason, I will not claim for the refund of fees. All the fees/ amount deposited with the institution shall be forfeited.

I also agree to allow my ward to participate in all types of co-curricular activities, industrial tours, excursions etc. and shall be fully responsible for her conduct.

Signature of the Student

Signature of the Parent/Guardian

FEE STRUCTURE FOR NEW ADMISSIONS

IN SESSION

Sr. No.	Course	Duration
1	Diploma in Medical Laboratory Technology (MLT)	2 Year
2	Diploma in Radiation Technology (RT)	2 Year
3	Diploma in Operation Theatre Technology (OTT)	2 Year
4	Diploma in Electro Cardio Gram (ECG)	2 Year

- Fee once deposited will not be refunded in any circumstances.
- Cheque/Demand Draft should be drawn in favour of institution payable at Jaipur.
- We also accept fee receipts through Electronic system (PayTM/Credit Card/Debit Card/Online Payment). Cheque/DD.
- Caution money will be refunded only after completion of the course.
- Late fee charges will be Rs. 50/- per day for each default strictly after due date as per the schedule and if not paid then it will be adjusted from caution money account of the student.
- Student who are opting for installment plan has to submit post dated cheque in favour of institute at the time of submission of these from.
- Enrollment & Examination Fees will be charged as per the fees notified time to time by the Council/RPMC.

Date :

Place :

Signature of the Student

Signature of the Parent/Guardian

ID Card information

Please fill in the details in BLOCK LETTERS only

Enrollment No.

Name of Student _____

Father's Name _____

Course _____ DOB Blood Group _____
Day Month Year

Address _____

Pin Code

Contact No. _____

Please stick recent passport size colorful photograph here