

Dubai Campus

G-04 Dubai International Academic City P.O. Box: 345050 – Dubai – UAE Tel: 00971 4 4290777/ Toll free: 800 (MUDC) 6832

E-Mail: admissions@manipaldubai.com Website: www.manipaldubai.com

APPLICATION FORM FOR ADMISSION

Name of the Programme Applied For				Application No.		Date (OFFICIAL USE ONLY)					
						19					
1. Personal Information			0.	SEX		Blood Group					
Name of the Candid (as per the last qualification)	ate										
Emirates Id No.											
Date of Birth			Nation			ality					
Place of Birth											
	Nam	e, Relation	ship & Ado	dress of P	arent/ Local	Guardian	& Contact	No.			
Father's Name						pation					
Name of the Company					Desig	Designation					
Mother's Name				:4:	Emer	Emergency Contact No.					
Address for Correspondence			ce		Permanent Addr			Address			
Mobile No.											
Telephone No.											
Fax No.				10000			and C				
E-mail ID					Parent's Email ID						
Passport No.					Passport Valid Until						
Visa Required	/isa Required				Visa Valid Until						
Current Visa Status					Present Vis	sa Number					
Name of Sponsor		1.40				·					
Hostel Required		Trai	nsport Req	uired		Pick-Up	Point				
School / College last	studied:						00182				
Name of the Degree	Awarded:										
Name of the Board /	University	issuing Co	ertificate:								
Month & Year of Pa		the state of the s			Overall Aggregate						
Details of subject taken and Grade / Marks scored in Examination:											
Subject											
Marks					10 10						
Maximum Marks											

2. How did you know about us	?										
Newspaper Ra	dio	Social Media N	Manipal Duba	ai Website							
Referred by: Others (please specify):											
3. Professional Information (F	or Students o	of Master's Programme Onl	y)								
Position		Name & Address of the Or	From		То						
 I hereby declare that all the is and enclosures are true to the Once paid application fee (A I, the candidate (or) parent/g available on www.manipaldu 	best of my ED 100/-) ar aardian of af	knowledge nd registration fee (UG AE	D 1900/- & 1	PG AED 1500	0/-) is no	n-refundable					
Date Signature of the Student 1 have read and accepted the refund policy				Signature of Parent / Guardian I have read and accepted the refund policy							
Attested copy of the mark Standard 10 mark-sheet (* Transfer certificate or sch Conduct certificate issued Passport copy Four passport-size photog Originals will be returned List of documents to be end	-sheet/ grade *original + or ool leaving c by the school traphs after verificatelosed along v r's Degree and	ertificate (originals will not ol (originals will not be retur	be returned) med)	alent (*origina	ıl + one p	photocopy)					
		FOR OFFICIAL USE									
Admitted to:											
		No									
Remark:											
Scholarship / concession if given											

ACADEMIC DEAN

ADMISSION OFFICER