



Martin Luther Christian University

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

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

The Light of Truth

Application Form 2020-2021

Please tick the appropriate box

Allied Health Sciences

- DMLT* DMIT*
- BSc MLT MSc MLT (Micro)
- BSc SOTT MSc MLT (Clin Bio)
- BSc MIT MSc MIT
- BSc PhA MSc Nutr & Diet***
- BSc Sports, Health, Fitness**
- BSc Nutr** M. Optometry
- B. Optometry

Music

- BA Mus
- MA Mus

Tourism & Travel Management

- BTTM
- MTTM

Environment & Traditional Ecosystems

- BSc**
- MSc***

Economics, Commerce & Management

- BBA
- MCom
- MBA
- MA Eco

Social Work

- BSW
- MSW

Public Health

- MPH****

Computer Sciences

- BCA (WT/H&N/ MA)
- BCA (A&M)
- MCA

Psychology

- BSc**
- MSc***

English & Communication

- MA English
- MA Eng Lit

Conflict Management & Peace Initiatives

- MAPJ

Education

- MA Education
- MA Corp Soc Resp

Theology

- MTh

Affix one
passport size
photograph with
white background
here

*Class 10 pass

**Any stream (Arts/Commerce students will have to take a science bridge course in 1st Semester)

***Any bachelor's degree (non-science students will have to take a science bridge course in 1st Semester)

**** Also submit a 500 -750 word personal statement on 'Why you wish to do an MPH?'. The statement can highlight any public health issue of relevance in India and should be typed in single space with Times New Roman font size 12.

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

1. _____
2. _____
3. _____

FOR OFFICE USE

For the degree selected, please indicate the specialization desired if relevant (please refer to the Prospectus for details):

Full Name (Block Letters): _____

Present address: _____

State: _____ Pin Code: _____

Permanent address (if different from above): _____

State: _____ Pin Code: _____

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

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

Gender: Male Female Others **Blood Group:** _____ **PWD:** Yes / No

Nationality: _____ **ST/SC/OBC/General (circle one)** **Religion:** _____

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

Father: Profession: _____ E-mail: _____ @ _____ Contact No: _____

Mother: Profession: _____ E-mail: _____ @ _____ Contact No: _____

Local Guardian's Name: _____ **Relationship** _____

Address: _____ **Contact No:** _____ **Email:** _____

Educational Qualifications:

Board/University	Institution	Year of Passing	Stream/Discipline	Class/Division

In applying to Martin Luther Christian University, I understand and accept the academic and other university policies and rules.

Signature of Student: _____

Signature of Parent/Guardian: _____

Date: _____

Date: _____

Please submit the filled-in application form by post/email/in person to the Registrar, Martin Luther Christian University, Dongkietih, Block 1, Nongrah, Shillong-793006, Meghalaya. Ph +364-2535437. E-mail: admissions@mlcuniv.in

Checklist of enclosures: *(Self-attested photocopies. Originals are to be produced at the time of admission for verification)*

1. Mark list/transcript of Class X, Class XII and graduation/postgraduation of all semesters/years whichever are applicable.
2. SC/ST/OBC certificate
3. Birth certificate / examination pass certificate/ admit card showing date of birth
4. Voter ID/ Aadhar Card/ Permanent Residential Certificate for address proof.
5. One colour passport size photograph with white background.
 - i. For candidate awaiting results/requesting for transfer: provide marksheets for each semester/year
6. Disability Certificate for Differently abled applicants.
7. Application fee of Rs 500/- by cash / crossed Demand Draft in favour of "Martin Luther Christian University" payable at Shillong.

NAD ID:

LAST DATE FOR FORM SUBMISSION: Undergraduate and Postgraduate courses: **July 15, 2020.**

FIRST DAY OF CLASSES FOR UG AND PG: Undergraduate course **July 15, 2020.**
Postgraduate courses: **August 3, 2020.**