

**BHARATIYA VIDYA BHAVAN,  
MANIPAL SKILL DEVELOPMENT CENTRE, MANIPAL  
MANASA EDUCATIONAL FOUNDATION FOR MENTAL HEALTH**

**APPLICATION FOR ADMISSION TO THE CONVOCATION**

*NOTE: While submitting the application superscribe on the cover  
"APPLICATION FOR CONVOCATION CERTIFICATE"*

Affix Stamp Size  
Photo

Degree for which the application is made .....				
01	Name of the Candidate (In block letters both in Kannada & English)	In Kannada:		
		In English:		
02	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
03	Address for Communication (In Block Letters with PIN Code)			
	Permanent Address		Postal Address	
	PIN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PIN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone No.		Phone No.		
04	Particulars of Examinations passed (please enclose attested photocopies of the same.)			
	Register No.	Examination	Month/Year	Class obtained
05	Details of Fee Paid	Rs. ....		
		In Word Rs.....		
		.....		
		DD No:-..... Date:.....		
<b>OR</b>				
		NEFT Details.....		
		Bank Name.....Date.....		

Place:

Date:

Signature of the Candidate

## DECLARATION

I hereby solemnly declare and promise that if I am admitted to the degree of.....

.....offered by Bharatiya Vidya Bhavan, Manipal Skill Development Centre and Manasa Educational Foundation for Mental Health I do assure that I shall extend my knowledge towards the enlightenment of the society and mankind to the best of my knowledge.

I shall discharge my duties honestly and carefully in the profession I join by virtue of my degree and I promise that I shall maintain the dignity and sanctity of the profession in every walk of my life. I assure that I shall not abuse the acquired knowledge.

Place:

Date:

Signature of the Candidate

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## INSTRUCTIONS TO CANDIDATES

1. The name shall be as registered for the examination.
2. Attested Photostat copies of Marks Cards of the qualifying examinations should be enclosed. Also enclose copy of internship certificate.
3. The prescribed fee is to be paid through Demand Draft or NEFT only. Payment through any other mode will not be accepted.
4. The fee for certificate is 1000/.
5. Demand Draft of RS. 1000/- shall be obtained in favour of ***The Director Manasa Educational Foundation for Mental Health*** , payable at **Axis Bank, Shimoga** (Branch Code: **UTIB0000362**). MEFFMH, Shivamogga from any nationalized bank OR NEFT to the account TO **MEFFMH, Shivamogga, AXIS BANK, Account Number: 362010100011981, Branch : SHIMOGA, IFSC Code: UTIB0000362**
6. Incomplete application will be rejected without assigning any reason whatsoever. Fee once remitted will not be refunded.
8. Three recent stamp size photos should be enclosed.  
**(Write the Reg. No, Name at the backside of photo).**