Application Form For
World-class Academy for Vocational Excellence (WAVE)

MKCL

MKCL's WAVE
World-class Academy For Vocational Excellence

Please fill in the form using **BLACK** ink and write in **BLOCK** letters

Batch : Month /YYYY | | | Form No. | | | | | | | | |

Please read the Important Instructions printed overleaf before filling the details

Course Name :

Section - 1

Name: Mr/Ms/Dr.
नाव :

First Name/Given Name पहिले नाव	Middle Name / Father's or Husband's Name मधले नाव / वडीलांचे किंवा पतीचे नाव	Last Name / Surname शेवटचे नाव /आडनाव

Name of the applicant as it should appear on the Final Certificate & Fee Receipt. Leave a blank space after each word

Proof of Identity : ☐ Pan Card ☐ Voter's Card ☐ Driving License ☐ Passport ☐ Government ID Card ☐ College or School ID Card

Date of Birth : Date | Month | Year **Age :** Years

Gender : Male ☐ Female ☐

Marital Status : Married ☐ Single ☐

Medium of Instruction : English | **Mother Tongue :** | **Mode of Study :** Regular with Single installment ☐

Section - 2

Address for Correspondence :

Address :		
Suburb :	City/Town/Village :	Pin :
State : Maharashtra	District :	Tahsil :

Please give your Own/Parent's/Relatives'/Friend's/ Neighbour's number convenient to you and them, to receive important alerts, notices and ideas from MKCL.

Mobile : (Self) +91

Mobile : (Other) +91 **Tick here** (✓) **Parent's/Relatives'/Friend's/ Neighbour's**

Telephone No.: (Residence) Area code | Telephone Number **Email Address :**

Category : ☐ School Student ☐ College Student ☐ Polytechnic Student ☐ ITI Student ☐ Post Graduate Student ☐ Govt. Employee ☐ Professional ☐ Business Person ☐ Housewife ☐ Senior Citizen ☐ Others _____

Educational Qualification :

Are you Physically Challenged ? Yes ☐ / No ☐ | If yes -: ☐ Blind ☐ Deaf ☐ Dumb ☐ Deaf & Dumb ☐ Disability in Hand ☐ Disability in Leg ☐ Mentally Retarded ☐ Other
(Please attach certificate giving details of disability)

Please affix the applicant's B/W passport size photograph with gray Background & size 3.5cm (height) x 3.5cm (width) (Front Facing)

The above photograph will appear on Hall Ticket and Final Certificate

Please sign in **BLACK ink only** in the above box.

Signature of Applicant

Date _____

Declaration

I hereby solemnly affirm that my name, photograph and signature on this application form match with the copy of the proof of my identity attached herewith by me. I undertake to carry this proof on person at the time appearing for Final examination (Applicant should countersign the copy of the proof of identity attached herewith by him/her)
I have read and understood the information about WAVE Courses and instructions given on www.mkcl.org/wave and I will abide by them.
एम.के.सी.एल.च्या www.mkcl.org /wave या संकेतस्थळावरील WAVE अभ्यासक्रमासंबंधित सर्व सूचना व माहिती मी वाचली असून त्यांचे काटेकोर पालन करणे माझ्यावर बंधनकारक आहे.

Center Code : | | | | | | | | | **For Center's Use Only**

Name of the Center :

Receipt No. : For Rs.

After careful verification, I hereby confirm that name, photograph and signature of the applicant on this application form match with those on the original proof of identity produced for verification and its true copy attached herewith by the applicant and I have countersigned the same.

Name, Seal & Signature
of Center Coordinator