



**MKCL**

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

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 :

Course Code :

MS-CIT Learner Code :

MKCL's PRN :

## 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

Address for Correspondence :

## Section - 2

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)

## 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](http://www.mkcl.org/wave) and I will abide by them.

एम.के.सी.एल.च्या [www.mkcl.org/wave](http://www.mkcl.org/wave) या संकेतस्थळावरील WAVE अभ्यासक्रमासंबंधित सर्व सूचना व माहिती मी वाचली असून त्यांचे काटेकोर पालन करणे माझ्यावर बंधनकारक आहे.

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 \_\_\_\_\_

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