





# Madhyanchal Professional University

Bhopal - 462044

Name of Student .....

Course ..... Branch .....

Enrollment No. ....

## Enrollment Form Attachments Check List

	Xerox	Original
High School	<input type="checkbox"/>	<input type="checkbox"/>
Higher Sec. School	<input type="checkbox"/>	<input type="checkbox"/>
Graduation	<input type="checkbox"/>	<input type="checkbox"/>
Post Graduation	<input type="checkbox"/>	<input type="checkbox"/>
Aadhar Copy	<input type="checkbox"/>	<input type="checkbox"/>
Other ID	<input type="checkbox"/>	<input type="checkbox"/>
T.C.	<input type="checkbox"/>	<input type="checkbox"/>
Migration	<input type="checkbox"/>	<input type="checkbox"/>
Other Documents	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment Fees receipt	<input type="checkbox"/>	<input type="checkbox"/>

Sign of verifying officer  
with Name

Sign of Head of  
School with Name