



**SRI
RAJIV GANDHI**
COLLEGE OF DENTAL SCIENCES & HOSPITAL

Recognised by Dental Council of India, New Delhi
Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka
RGC Campus, Cholanagar, RT Nagar Post, Bangalore-560 032, Karnataka -INDIA

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Fax: +91 80 23546948 Email: admissions@srgcds.ac.in



APPLICATION FOR ADMISSION TO THE FIRST YEAR MDS COURSE DURING 2015-16

Tick the appropriate MDS Course:

Oral Medicine & Radiology		Prosthodontics, Crown & Bridge		Orthodontics		Pedodontics	
Oral & Maxillofacial Surgery		Conservative Dentistry		Oral Pathology		Periodontics	

Fill up the Name in Block Letters

Name of the Candidate:				
Postal Address:		Nationality:		
		Religion:		
		Caste:		
		Gender: Male / Female		
Telephone:		Date of Birth:		
Email ID:		Age as on 31/12/ 2015:		
Father Name:				
Occupation:		Annual Income:		
Mother Name:		Local Address if any:		
Guardian Name:				
Blood Group:				
Mobile No:		Telephone:		
Category: (Tick the appropriate)		NRI Quota	General Merit	Reservation Quota
Entrance Test:		Merit Rank:		% in the Entrance Test:
Register No. of BDS Exam:			Month & Year of Pass:	
Name of the University:				
Class	Year	Max. Marks	Marks Obtained	Percentage of Marks
I BDS				
II BDS				
III BDS				
IV BDS				

Date of Internship completed or schedule to complete:	
Whether the Candidate belongs to Scheduled Caste or Scheduled Tribe (If so, attach the relevant certificate issued by the competent authority of the State)	Yes / No
Whether the Candidate belongs to any special category of reservation (If so, attach the relevant certificate issued by the competent authority of the State)	Yes / No
Whether the Candidate or the parent belongs to NRI / Foreign Country	Yes / No
Whether the following documents enclosed:	
Attested copy of all the BDS Examination Marks Sheet	Yes / No
Attested copy of the 10 th Standard examination Marks Sheet	Yes / No
Attested copy of the PG CET/COMEDK Entrance Test Admission Card	Yes / No
Attested copy of the PG CET/COMEDK Entrance Test Rank Card	Yes / No
Attested copy of any other relevant certificate from the State	Yes / No
Attested copy of the Age and Date of Birth Proof certificate	Yes / No
Attested copy of the Domicile certificate from the competent authority	Yes / No
Extra curricular activities, if any	

Declaration

I hereby declare that all the information mentioned above are true and correct. I understand that that on the basis of this application, my admission to the course is not confirmed and shall be as per the merit determined by the college and the competent authority. For any reason, if my application is not considered by the college, I shall have no claim whatsoever against the college or any authority concerned. I will abide by the rules and regulation of the college.

Signature of the Applicant

I Parent of the applicant hereby acknowledge that all the information mentioned by the applicant are true and correct and I fully accept the declaration made by the applicant.

Date:

Signature of the Parent

Place:

OFFICE NOTE

Selected / Rejected

Date of Admission:

Fees & Payment Details:

Signature of the Principal