

Sri Rajiv Gandhi College of Dental Sciences & Hospital

Approved by Dental Council of India, New Delhi
 Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka
CHOLANAGAR, R.T NAGAR POST, BANGALORE – 560 032

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 Web: www.srgcds.ac.in :: Email: admissions@srgcds.ac.in

www.rgcgroup.org

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APPLICATION FOR ADMISSION TO THE FIRST YEAR M.D.S. COURSE DURING 2014-15

Select the Subject:

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/ 2014:	
Name of the Parent:			
Local Address if any:		Occupation:	
.....		Annual Income:	
.....		
Telephone:		
Category: (Tick the appropriate)		NRI Quota	General Merit
			Reservation Quota
Details of Rank secured at the Entrance Test:			
Registration No. BDS Examination:			
Name of the University:			
Month & Year of Pass:			
Year	Max. Marks	Marks Obtained	Percentage of Marks
I year BDS			
II year BDS			
III year BDS			
IV year 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.

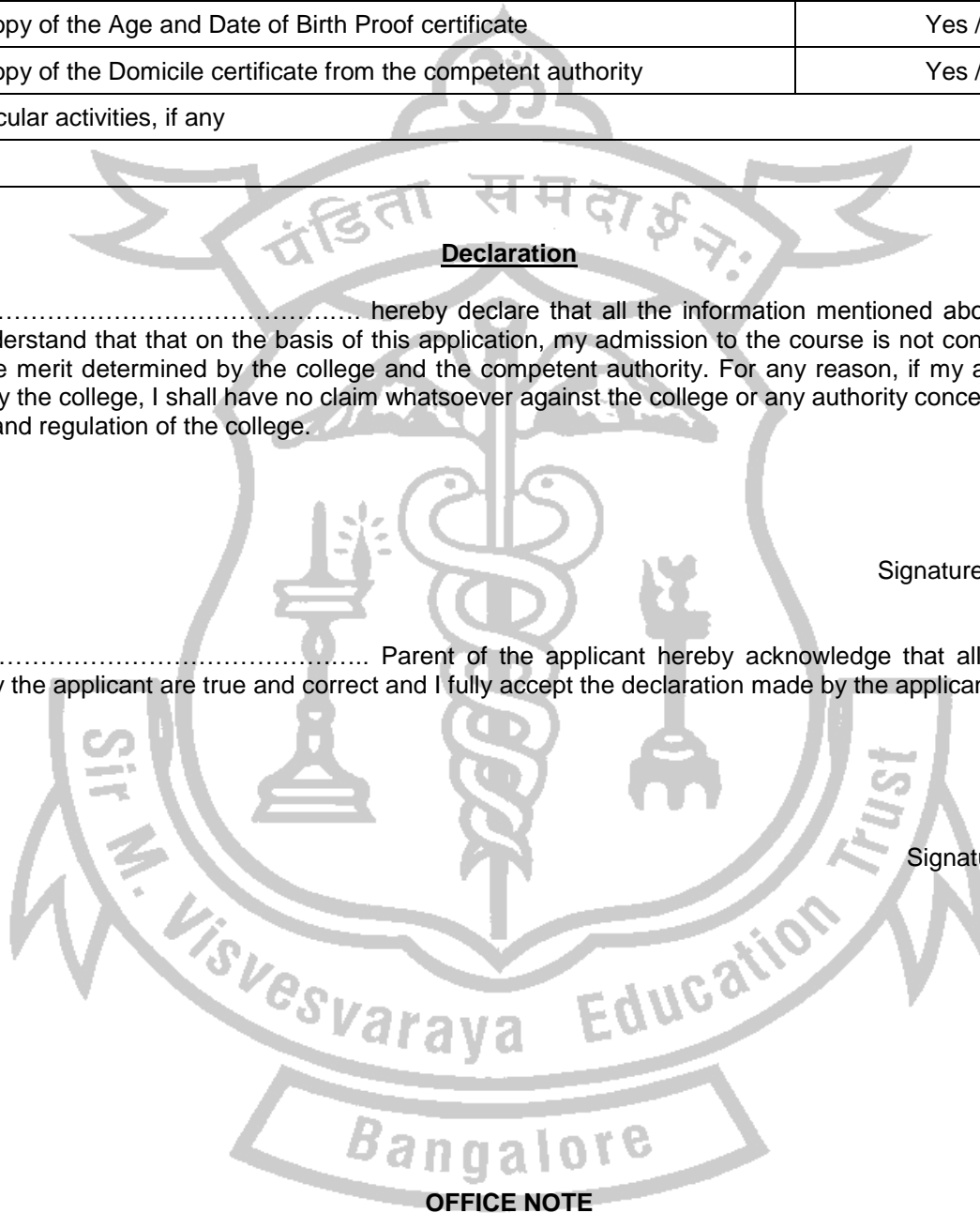
Signature of the Applicant

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.

Signature of the Parent

Date:

Place:



OFFICE NOTE

Date of Receipt of the Application:

Remarks:

Authorised Signatory