

APPLICATION FORM
FOR
ADMISSION TO FIRST YEAR MDS COURSE IN VACANT SEATS
FOR THE ACADEMIC YEAR 2019-20

Name of Applicant: (In block letters)

(Surname)

(Name)

(Father's Name)

[For Office Use Only]

Registration No: _____

Merit No: _____

Category Claimed: _____

(1) Full Name of the Applicant (In block letters):

Surname		Recent Passport Size Color Photograph
Name(Mr./Ms.)		
Father's Name		
Mother Name		

(2) Applicant's full address with Phone No. (Please do not repeat your name)

Present Address:	Permanent Address:
Pin Code:	Pin Code:
Phone No. with Code:	Phone No. with Code:
Mobile No.	Mobile No.
Email:	Email:

(3) Gender: Male Female

(4) (a) Date of Birth: Birth Place: _____

(b) Age in completed year: _____ (as on 31st December)

(5) Birth Place: Gujarat Other State of India, Please Specify _____
 Foreign, Please Specify _____

(6) Citizenship: Indian Others

(7) Religion: _____

(8) Whether belongs to SC / ST / SEBC / OPEN: _____

(9) Education Information (IN BLOCK LETTERS)

a. Name of the college where BDS Passed.

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b. University

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c. Is the BDS degree recognized by DCI?-

(10) Particulars of Examination

Examination	Theory Marks	Practical Marks	Total Marks	Obtained Marks	No. of attempt	%
FIRST BDS						
SECOND BDS						
THIRD BDS						
FINAL BDS						
Average Percentage : (I+II+III+IV BDS / 4)						

(11) Admission Committee Merit No: _____

(12) NEET Roll Number: _____ Percentile Score. _____

Marks out of 960: _____ NEET All India Rank _____

(13) MDS vacant seats are filled by the college by giving priority to the students of Gujarat State on basis of merit of NEET percentile as per Gujarat Government norms.

(14) Preference of MDS subjects.

Please give ranking to the following available MDS Specialities as per your preference of admission (1) Conservative Dentistry and Endodontics (2) Orthodontics & Dentofacial Orthopedics (3) Paedodontics and Preventive Dentistry (4) Periodontology (5) Prosthodontics and Crown & Bridge (6) Oral Medicine and Radiology (7) Public health Dentistry (8) Oral Pathology & Microbiology	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

(15) Document Checklist (please tick)- please submit copies of all the following and carry Originals for Verification

1. School leaving certificate/ Date of Birth proof
2. 1st, 2nd, 3rd, 4th BDS Mark sheets (for all attempts), Attempt Certificate.
3. Degree certificate, internship completion certificate.
4. Permanent registration certificate from respective state dental council.
5. Caste Certificate if applicable (SC/ST/SEBC) from competent authority as per rules of Govt. of Gujarat.
6. Aadhar Card
7. NEET Marksheet
8. Pan Card

(16) Tuition Fees:

The tuition fees for the post Graduate (MDS) Courses as per the Govt. of Gujarat & Fee Regulatory Committee-Medical.

(17) Agreement and Signature (Applicant)

I solemnly declare that I have personally checked and verified all the information filled in this form and that they are correct and that no relevant information of fact is suppressed or omitted. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in immediate dismissal of my application.

I undertake to abide by the decision / order of the Dean, Narsinhbhai Patel Dental College & Hospital to cancel my admission and/or to expel me from the college and/or to prosecute me in case any incorrect information or discrepancy is found in this form either at the time of admission or at any time during the course of my study.

I hereby agree, if admitted, to conform to the Rules and Regulations of the Dental College in force and that may hereafter be made for the governance of the college and undertake that so long as I am a student of the college I will do nothing either inside or outside the college that will interfere with its orderly governance, discipline and good name.

I am also aware that:

Ragging is an offence, I shall not indulge in any such activity and if I am found guilty, I shall be liable for punishment as per the law in force.

Signature of the
Father/Guardian

Signature of the
Student

Date:

Place: