

BDS ADMISSION

Common Application Form*

Course Applying For:

Name of College Applying:

1 _____
2 _____
3 _____
4 _____

Affix a Recent Colour
Passport Size
Photograph

Name of the Applicant:

Date of Birth: DD _____ **MM** _____ **YY** _____

Gender: Male _____ **Female** _____

Marital Status: Single _____ **Married** _____

Mother's Name _____, **Father's Name** _____

Permanent Address

City _____, **State** _____, **PIN** _____

Correspondence Address

City _____, **State** _____, **PIN** _____

Phone _____ Mobile _____ Email _____
Category: General _____ OBC _____ SC _____ ST _____ , Nationality _____

Monthly Family Income: Upto Rs. 20,000/_____, Rs. 20,000-30,000/_____, Above Rs. 35,000/_____ Hostel Facility Required: Yes _____ , No _____

EDUCATIONAL BACKGROUND:

Degree/Diploma Certificate	School/College	Board/University	Major Subjects	Year of Passing	Division Percentage
Class X					
Class XII					
Others					

Details of the Qualifying Examination:

Name of the Qualifying Exam	Date of Examination	Score Obtained

List of Enclosures:

Photocopy of educational certificates (Xth, XIIth & Graduation). 5 passport size photograph. Photocopy of score card of the qualified entrance test I hereby certify that the information given above by me is true.

Name _____ Signature _____ Date _____

Please Mail your application form as per your first course choice and its first location choice (info@dentaladmission.co.in or Dentaladmissionsindia@gmail.com)

(A Kareer Plus infotech & Career Plus Initiative)