

NOT TRANSFERABLE

Application No. ....



# RAJAS DENTAL COLLEGE & HOSPITAL

THIRURAJAPURAM, KAVALKINARU - 627 105.  
TIRUNELVELI DISTRICT, TAMILNADU.

## APPLICATION FORM FOR ADMISSION TO B.D.S. DEGREE COURSE 20 - 20

The entries in the application should be made by the applicant after carefully reading the prospectus

Name  
(Block Letters) :

Address :

.....  
.....  
.....  
Pincode: .....  
Phone with STD Code: .....  
Mobile No: .....  
E-mail: .....

Date of Birth :

Age

Sex :

M  F

Place of Birth :

District :

State :

Community :

F.C.  B.C.  D.N.C.  S.C.  S.T.

Religion :

Nationality :

Mother Tongue :

Name of the Parent / Guardian :

Occupation :

Annual Income :

Official Address :

District :

State :

Pin :

Phone / Mob :

Qualifying Examination

H.Sc.

CBSE

any other

Reg No. :

Year of Passing :

Name of the Institution :

Place :

Extra Curricular activities

Sports

N.C.C.

N.S.S.

Others

(Xerox copies of the certificates to be enclosed)

Marks obtained in the Qualifying Examination

**NEET**

Category / Sub Category	Others / OBC / SC / ST	
Marks Obtained	Marks	Percentage
Physics		
Chemistry		
Biology		
Botany / Zoology		
Total Marks		
Percentile Score		

**HSC / CBSE**

Subject	Marks	Percentage
Physics		
Chemistry		
Biology		
Botany / Zoology		
Total Marks		

Name of the University Board :

**Reg No.**

**Month**

**Year**

(a) First appearance

(b) Second appearance

Enclosures : attested copies of

(a) Mark Sheet

(c) Community

(b) T.C.

(d) Migration Certificate

(e) Proof of Age

**DECLARATION BY THE APPLICANT**

I ..... (Name in full) Son / Daughter of ..... hereby solemnly declare that the information furnished and the statements given in the application and the enclosures are true, correct and complete. I further declare that should it be found otherwise. I will be liable to forfeit my seat and (or) removed from the rolls of the institution at whatever stage of study I may be besides making me liable for criminal prosecution.

Place : .....

Date : .....

.....

Signature of the Applicant

**DECLARATION BY PARENT**

I ..... (Name in full) Parent / Guardian of ..... hereby endorse that the declaration made by the applicant, my Son / Daughter / Ward bind on the same terms contained in the above declaration.

Place : .....

Date : .....

.....

Signature of the Applicant

**FOR OFFICE USE ONLY**

The candidate is provisionally admitted under one of the following category

Management Seat

Govt Seat

NRI Seat

Lapsed Seat

The admission registration number .....

I/c Records

Manager

Chairman