

NOT TRANSFERABLE

Application No. ....



# RAJAS DENTAL COLLEGE & HOSPITAL

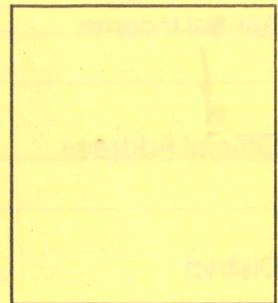
THIRURAJAPURAM, KAVALKINARU - 627 105.  
TIRUNELVELI DISTRICT, TAMILNADU.

**APPLICATION FORM FOR ADMISSION TO M.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 :



## ALLONGE

Extra Curricular activities

Sports                       N.C.C                       N.S.S                       Others

(Xerox copies of the certificate to be enclosed)

CRI Completion Date :

Name of the University :

Reg. No.

Month

Year

First Appearance

Second Appearance

Marks obtained in the Qualifying Examination - NEET :

Speciality

Category :

OMFS

Testing ID :

CONSERVATIVE

All India Score :

PROSTHO

All India Rank :

ORTHO

PERIO

ORAL PATHOLOGY

ORAL MEDICINE

### Enclosures:

a. NEET score Card

h. H.Sc Mark Sheet

b. Allotment Order

i. T.C

c. BDS Registration Certificate

j. Community

d. BDS Degree / Provisional

k. Eligibility Certificate

e. CRI Completion

l. Migration Certificate

f. Attempt Certificate

m. Aadhar Card (Student & Parent)

g. I - IV Mark Sheet

n. Photo



**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