



**SRI
RAJIV GANDHI**
COLLEGE OF DENTAL SCIENCES & HOSPITAL

Recognised by Dental Council of India, New Delhi
Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka
RGC Campus, Cholanagar, R T Nagar Post, Bangalore-560 032, Karnataka -INDIA

Tel: +91 80 23339377, 23435559, 23335989 Web: www.srgcds.ac.in
Fax: +91 80 23546948 Email: admissions@srgcds.ac.in

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APPLICATION FOR ADMISSION TO THE FIRST YEAR B.D.S. COURSE DURING 2016-17

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/ 2016:	
Father Name:			
Occupation:		Annual Income:	
Mother Name:		Local Address if any:	
Guardian Name:			
Blood Group:			
Mobile No.			
Telephone:			
Entrance Test:		Merit Rank :	PCB % in the Test:
Category: (Tick the appropriate)		NRI Quota	General Merit
		Reservation Quota	
Month & Year of Pass in the Qualifying Examination (12 th Standard or Equivalent) :			
Name of the University/ Board:			
Subject	Max. Marks	Marks Obtained	Percentage of Marks
English			
Physics			
Chemistry			
Biology			
Aggregate percentage of marks for the above subjects (PCB):			

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 the 12 th Standard examination Marks Sheet	Yes / No
Attested copy of the 10 th Standard examination Marks Sheet	Yes / No
Attested copy of the CET/COMEDK Entrance Test Admission Card	Yes / No
Attested copy of the 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	

NOTES TO THE CANDIDATE

1. Candidate should have passed the second PUC / 12th standard or its equivalent exam and obtained minimum 50% of Marks in the aggregate of Physics, Chemistry and Biology optional subjects and Pass in English (40% in case of SC/ST of the State).
2. The candidate shall complete the age of 17 years as on 31st December 2016.
3. The attested copy of all the relevant documents shall be submitted by the candidate.
4. The admissions to the NRI/Foreign nationals are considered on the basis of the marks secured in the qualifying examination. Candidate shall obtain eligibility certificate from the university, NOC from Govt. of India and Valid Student Visa for the stay during the course period.
5. The selected candidate shall produce all the original documents at the time of admission. The last date for admission shall be as notified by the Dental Council of India and the university.
6. All the prescribed fees of the college shall be paid by the candidate at the time of admission. The Fee paid will not be refunded after the admission process is completed. Student discontinuing the course or cancelling the admission after the last date shall be liable to pay the entire course fee.

Declaration

I hereby declare that all the information mentioned above are true and correct. 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.

Date:

Signature of the Parent

Place:

OFFICE NOTE

Selected / Rejected

Date of Admission:

Fees & Payment Details:

Signature of the Principal