



BAPUJI EDUCATIONAL ASSOCIATION
COLLEGE OF DENTAL SCIENCES
 (Recognized by the Dental Council of India, New Delhi)
 DAVANGERE-577 004 (Karnataka)
APPLICATION FOR ADMISSION TO M.D.S. COURSE
FOR THE ACADEMIC YEAR 2015-16



To,
 The Chairman,
 Governing Body,
 College of Dental Sciences,
 Davangere-577 004.

Sir,

I hereby apply for admission to the M.D.S. Course at College of Dental Sciences, Davangere and request enrolment as a post-graduate student in Dental Sciences in your college. (The following are the subjects in which M.D.S. Course are offered)

- | | | |
|---------------------------------|-------------------------------------------|------------------------------------|
| 1) Oral & Maxillofacial Surgery | 4) Orthodontics & Dentofacial Orthopedics | 7) Prosthodontics & Crown & Bridge |
| 2) Oral Medicine & Radiology | 5) Paedodontics & Preventive Dentistry | 8) Oral Pathology & Microbiology |
| 3) Periodontology | 6) Conservative Dent. & Endodontics | 9) Public Health Dentistry |

Estd. 1990-91

| | | | | | |
|-----|--------------------------------------------------------------------------------------------|------------------------------------------|------|---|---|
| 1.a | Name of the Applicant (As per the Degree Certificate in Block Letters) Cell No. E-Mail: | | | | |
| b. | Mother Tongue | | | | |
| 2a | Father's Name | | | | |
| 2b. | Mother's Name | | | | |
| 3. | Address for Correspondence (in Block Letters) | | | | |
| | Ph.No. with STD CODE: | Mob.No: | | | |
| 4. | Subject Applied for (Specify the subjects in order of preference) | 1. | | | |
| | | 2. | | | |
| | | 3. | | | |
| 5. | Date of Birth & Blood Group | | Sex: | M | F |
| 6. | Place of Birth Town & State | | | | |
| 7. | Year of Joining B.D.S. | | | | |
| 8. | Year of Completion of Final Year B.D.S. | | | | |
| 9. | Date of Completion of One Year Internship | | | | |
| 10. | Name of the College, Place & University | | | | |
| 11. | Whether the College is recognized by D.C.I. | Yes / No. (Enclose Certificate / letter) | | | |
| 12. | Number of Years taken to Complete the Course | | | | |

13. Details of Academic Career

| A) Examination Passed | Regn. No. | No. of Attempt | Maximum Marks | Marks Obtained | Year of Passing | Percentage of Marks |
|---------------------------------------------------------|-----------|----------------|---------------|----------------|-----------------|---------------------|
| First Year B.D.S. | | | | | | |
| Second Year B.D.S. | | | | | | |
| Third Year B.D.S. | | | | | | |
| Final Year B.D.S. Part I | | | | | | |
| Final Year B.D.S. Part II | | | | | | |
| Internship Period ONE YEAR From: _____ To: _____ | | | | | | |

| | <u>Rank No.</u> | <u>TAT NO.</u> | <u>Max. Marks</u> | <u>Marks Scored</u> | <u>Percentage</u> |
|----------|-----------------|----------------|-------------------|---------------------|-------------------|
| COMED-K: | | | | | |
| PGET:NBE | | | | | |
| OTHERS | | | | | |

INSTRUCTION TO APPLICANTS

- Candidates should have completed or completing rotatory internship on or before 30th April 2015.
- Applicants have to produce eligibility certificate at the time of admission.** However, they have to apply before closing date to the **Registrar, Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore-560 041 (Ph.No.080-26961933) website: www.rguhs.ac.in** along with prescribed fees by demand draft drawn in favour of **Registrar, Rajiv Gandhi University of Health Sciences, payable at Bangalore** and enclose the Xerox copy of the application and demand draft as proof for having applied for issue of Eligibility Certificate. (This is not applicable for Rajiv Gandhi University of Health Sciences Students).
- All the correspondence pertaining to the college, should be addressed to the **Principal, College of Dental Sciences, Post Box No.327, Davangere-577 004, Karnataka.**
- Using of Cell Phone in the College premises is prohibited.
- Under any circumstances students who lodge a complaint in Police Station or received notices from police station, copy of the same should be given to the office of the Principal without fail.

DECLARATION BY THE CANDIDATE

I hereby declare that the information given above is true and correct and I further, declare that I shall abide by the rules and regulations of the college, Hostel and the University.

Signature of the Parent / Guardian

Signature of the Candidate

Date_____

Date:_____