

Application Form Postgraduate Programs

Academic Year 2015-2016

Sharavathi Dental College & Hospital

Sagar Road, Alkola, Shimoga, Karnataka

E-mail: sharavathidentalcollege@gmail.com


Phone: 08182 – 250816 / 295545 Fax: 08182 – 250167

www.sharavathidc.org

AFFIX
PHOTOGRAPH
HERE

1. Full Name of the candidate.				
2. Date of Birth / Place of Birth				
3. Nationality/Religion/Caste				
4. PG Course to which admission is sought. Subject of Choice (Order of preference)		1. 2. 3.		
5. Details of Education				
	Name of Institution	Place	Year of Passing	Syllabus (State / CBSE / ICSE / Others)
a. 10 th Standard				
b. 12 th Standard				
6. Marks Obtained	Physics	Chemistry	Biology	
12 th Standard				
7. Has the candidate taken current year entrance test for PG admission? If yes, give details (Enclose copy of Marks card)	Test	Year	%age Marks	
	1) NEET 2) COMEDK 3) _____			

8. Mode of Admission to BDS Course	Govt. Merit Seat/ Other Merit Quota / Management			
9. BDS-Name of the Institution / University				
10. Marks Obtained in FINAL YEAR BDS	Subjects	Max Marks	Marks Obtained	Percentage
11. No. of Attempts in BDS	1 st year	2 nd year	3 rd year	4 th year
12. Overall Percentage of Marks obtained in BDS	1 st year	2 nd year	3 rd year	4 th year
	%	%	%	%
	Total Average			%
13. Is the Dental College recognized by DCI	Yes / No			
14. Date of Completion of Internship				
15. Details of any awards, prizes, recognitions secured by the candidate in his/her Post10 Std career. Please furnish details.				
16. Names, address and contact tel. nos. Email address of two persons with atleast Post Graduate Qualifications who can vouch for the candidates conduct and character.				
17. Details of Parents/ Family	Father		Mother	
a. Name				
b. Age				
c. Mother Tongue				
d. Educational Qualification				
e. Profession				
f. Annual Income				
g. No. of Children	Male		Female	

18. Residential Address	
19. Telephone / Mobile Nos./Mail	Tel: Mobile : E Mail
20. Any other details that the candidate/Parent wish to indicate to justify the candidates' admission to the course.	

I declare that the above information given is true and correct

We understand that admission maybe cancelled if any information given is found to be incorrect.

The terms and conditions of admission to the course have been explained to us and we have understood the same fully. We hereby agree to abide by all the terms and conditions stipulated by the management of the SDCH.

Name and Signature of the Candidate	Name and signature of the parents/Guardian
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Place

Date:

All columns should be filled up and no item should be left unfilled. An application form where the information sought has not been given or columns left blank is liable to be rejected summarily.

The completed application form along with the relevant document should be submitted to the Principal, Sharavathi Dental College and Hospital, Shivamogga.

-----For Office Use Only-----

The application has been scrutinized and found to be correct / incorrect.

Registrar/Principal, SDC&H

Chairman

FOR OFFICIAL USE ONLY

Admitted to : _____ Batch : _____
Admission No : _____ Fees paid Rs. : _____
Receipt No. : _____ Date : _____

Original Certificates Submitted for M.D.S Admission

	Yes	No
1. B.D.S marks card(1 to 4)	<input type="checkbox"/>	<input type="checkbox"/>
2. Degree Certificate (Convocation)	<input type="checkbox"/>	<input type="checkbox"/>
3. Internship Completion	<input type="checkbox"/>	<input type="checkbox"/>
4. Attempt Certificate	<input type="checkbox"/>	<input type="checkbox"/>
5. State Dental Council registration	<input type="checkbox"/>	<input type="checkbox"/>
6. 12th Marks card	<input type="checkbox"/>	<input type="checkbox"/>
7. 10th marks card	<input type="checkbox"/>	<input type="checkbox"/>
8. Nationality	<input type="checkbox"/>	<input type="checkbox"/>
9. 5 Photo(Passport size)	<input type="checkbox"/>	<input type="checkbox"/>
10. CET Rank card	<input type="checkbox"/>	<input type="checkbox"/>
11. COMED-K Rank card	<input type="checkbox"/>	<input type="checkbox"/>
12. NEET Rank card	<input type="checkbox"/>	<input type="checkbox"/>
13. Migration Certificate	<input type="checkbox"/>	<input type="checkbox"/>
14. Eligibility Certificate	<input type="checkbox"/>	<input type="checkbox"/>
15. Transfer Certificate	<input type="checkbox"/>	<input type="checkbox"/>
16. Cast certificate	<input type="checkbox"/>	<input type="checkbox"/>
17. NRI Quota		
a. NRI sponsorship letter	<input type="checkbox"/>	<input type="checkbox"/>
b. Visa	<input type="checkbox"/>	<input type="checkbox"/>
c. Passport	<input type="checkbox"/>	<input type="checkbox"/>
18. If any other documents, mention:		

Signature of Clerk/Superintendent

Signature of Principal