

CERTIFICATES TO BE ENCLOSED



NOT TRANSFERABLE

Application No.



**VIVEKANANDHA
DENTAL COLLEGE FOR WOMEN**

Elayampalayam, Tiruchengode (Tk), Namakkal (Dt),
Tamilnadu, Pin - 637 205.

(Approved by Dental Council of India & Ministry of Health, New Delhi,
affiliated to the Tamilnadu Dr.M.G.R. Medical University, Chennai)

**Application form for admission in
M.D.S. Course for the academic Year 20 - 20**

S.No	Name of the Certificates	Nos.	Original / Xerox
1.	Transfer Certificate		
2.	Community Certificate		
3.	Nativity Certificate		
4.	Income Certificate		
5.	Mark Sheets		
a.	I - BDS		
b.	II - BDS		
c.	III - BDS		
d.	IV - BDS		
6.	Attempt Certificate		
7.	CRRRI Completion		
8.	Course Completion		
9.	Provisional Certificate I		
10.	Provisional Certificate II		
11.	Degree Certificate		
12.	DCI Registration Certificate		
13.	Eligibility Certificate		
14.	Migration Certificate		
15.	Passport Size Photo 10		
16.	10th - Mark Sheet		
17.	12th - Mark Sheet		
18.	Student's Bank Pass Book Xerox Copy		
19.	Physical Fitness & Blood Group Certificate		
20.	Adhar Card Xerox Copy		
21.	Allotment Order (GQ)		
22.	Rank (MQ)		
23.	Tution Fee Challan (GQ)		
24.	NOC Form DCI (NRI)		
	Total		

Name: (In Capital) with expanded initials _____

Sex _____ **D.O.B** _____ **Age** _____

Father Name _____ **Occupation** _____ **Annual Income** _____

Mother Name _____ **Occupation** _____ **Annual Income** _____

Marital Status : Single / Married _____ **Spouse Name** _____

Community **OC / BC / BCM / MBC / SC / SCA / ST** _____ **Aadhaar No.** _____

Nationality _____ **Religion** _____ **Mother Tongue** _____

Place of Birth _____ **District** _____ **State** _____

Permanent Address _____

District _____ **State** _____ **Pincode** _____

Cell No _____ **Landline No** _____

E.Mail ID _____



Name & Postal Address of the local Guardian

District State Pincode

Cell No Landline No

E.Mail ID

Postal Address to which communication to be sent

District State Pincode

Cell No Landline No

E.Mail ID

For NRI / Foreign Student

Passport No Dt. of issue Valid Upto Issuing office

Visa No Dt. of issue Valid Upto Issuing office

Whether Hostel accommodation required Yes / No.

Relevant Medical Information

Kindly provide details to the following questions correctly, so as to provide proper medical care. Please do not suppress any relevant information. Put a (✓) mark against the relevant conditions.

Blood Group Whether Blood Donor

Are you suffering from/undergoing treatment/underwent treatment for

Cardiac conditions Epilepsy

Bronchial Asthma Depression / Stress

Any other (specify) None of the above

Past Medical History

Have you underwent any surgery ? Yes / No.

If yes, give details

Are you Allergic to any of the following substances ?

Drug Food Dust

Any other None

If yes, give details

Are you taking any drug regularly ? Yes / No.

if yes, give details

Any other significant Medical / Surgical information

Name of the Institution last studied

The name of the qualifying examination passed Year of passing No. of Attempts

University District State

JOINT DECLARATION BY THE APPLICANT AND PARENT / GUARDIAN

I hereby solemnly affirm that the particulars furnished by me in this application are true. The certificates submitted by me are genuine. If found or bogus on verification, I am aware that I will be liable for criminal prosecution and as deemed fit for any other action. Further I state that I will not indulge in ragging during the course of my study in this institution in any manner both in college and hostel. I am aware that in the event of involving in ragging, I will be put in punitive action even upto removal from the college and hostel. If admitted to the College, I agree to observe all the rules and regulations of this College and to pay all fees and charges assessed there under. If I am found not adhering to the above mentioned rules of discipline and code of conduct, I shall loose the privilege of continuing as the student of the college.

I accept the decision of the The Tamilnadu Dr.M.G.R. Medical University, Chennai and the Dental Council of India, New Delhi, regarding the eligibility criteria for admission to M.D.S. course.

Signature / Guardian

Signature of the Applicant

Date :

Place :