

APPLICATION No. REGISTER No. 

VIVEKANANDHA DENTAL COLLEGE FOR WOMEN

ELAYAMPALAYAM - 637 205, TIRUCHENGODE (Tk),
NAMAKKAL (Dt), TAMILNADU.

(Approved by Dental Council of India &
Affiliated to Tamilnadu Dr. M.G.R. Medical University)

AFFIX YOUR
PASSPORT SIZE
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**APPLICATION FORM FOR ADMISSION TO
B.D.S. COURSE FOR THE ACADEMIC YEAR 20 - 20**

1.	NAME																
2	DATE OF BIRTH	D	D	M	M	Y	Y	3	AGE	4	NATIONALITY	5	RELIGION				
6	COMMUNITY	SC/SCA/ST	MBC	BC/BCM	OC	7	CASTE										
8	NAME OF THE PARENT/GUARDIAN						9	OCCUPATION									
10	PERMANENT ADDRESS						11	COMMUNICATION ADDRESS									
Phone :		with STD code		PIN				Phone :		with STD code		PIN					

12. Mobile No. :

E-mail ID :

13. State Whether Hostel accommodation is required or not : Yes / No

14. Name & Location (District) of School last studied :

15. Last Studied : Academic / Vocational

Board of Study :

Subject	Marks Obtained	Maximum Marks	Month & Year of Passing	Reg. No.	No. of Attempts
PART I: Tamil / Malayalam / Hindi					
PART II: English					
PART III:					
1.					
2.					
3.					
4.					
TOTAL					

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 false 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 charge 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 Tamil Nadu Dr. M.G.R. Medical University, Chennai and the Dental Council of India, regarding the eligibility criteria for admission to B.D.S. Course.

Signature of the Parent / Guardian

Signature of the Applicant

Date :

Place :

CERTIFICATES VERIFIED :

FOR OFFICE USE

ADMITTED

SSLC MARKS	HSC/PDC MARKS	TRANSFER
COMMUNITY	MIGRATION	SPL CATEGORY

NAME & SIGNATURE OF THE STAFF WHO
PROCESSED THE APPLICATION } :

Principal