



# DDC & RC

Daswani Dental College & Research Centre

## APPLICATION FORM MDS COURSE

(To be filled in by the applicant own handwriting clearly and carefully)

To,  
The Principal  
Daswani Dental College & Research Centre  
Kota (Rajasthan)

Sir,  
I wish to apply for admission in MDS Course in the speciality of \_\_\_\_\_ at Daswani Dental College & Research Centre, Kota (Rajasthan).

### PERSONAL DATA

Name of Candidate

Father's Name

Mother's Name

Date of Birth

Sex

Category

Religion

Nationality

Contact No. (Parents)

Contact No. (Student)

e-mail

Permanent Address

District

State

PIN

Postal Address

District

State

PIN

### DETAIL OF QUALIFYING EXAMINATION / BDS COURSE

| Name of Examination | Year of Passing | University | Marks Obtained | Maximum Marks | %age of Marks Obtained | No. of Attempt (s) |
|---------------------|-----------------|------------|----------------|---------------|------------------------|--------------------|
| BDS I Year          |                 |            |                |               |                        |                    |
| BDS II Year         |                 |            |                |               |                        |                    |
| BDS III Year        |                 |            |                |               |                        |                    |
| BDS Final Year      |                 |            |                |               |                        |                    |

|   |  |
|---|--|
| <b>Internship Completion Date</b> _____                   | <b>Name of Institute</b> _____             |
| <b>University</b> _____                                   | <b>Name of State Dental Council</b> _____  |
| <b>Reg. No.</b> _____                                     | <b>Date</b> _____ <b>Valid Up to</b> _____ |
| <b>Applying for MDS Course in the Speciality of</b> _____ |  |

### Declaration by the applicant & Parents

- I declare that entries made by me in this Application Form are true and correct in all respects and in case any entry or information given by me in this form is found to be false, this shall entail automatic cancellation of my admission besides rendering me liable to such action as the University may deem proper.
- I have noted that my admission to the College and my continuance on its rolls are subject to the provisions of the University and other rules and instructions as may be applicable from time to time. I also undertake that I shall abide by the rules of discipline and proper conduct as are applicable from time to time.
- Admission of My Ward is provisional
- IF any Condition, My ward could not get enrolled by the University in this Session, I shall have No Objection to get Enrolled in next Session.
- Non Submission of Bank Guaranty/Cash Security before..... Admission of my ward will be cancelled automatically .
- I Solemnly affirmed that aforesaid facts are true to my Knowledge.
- In case of any dispute jurisdiction in Kota, Rajasthan only.

\* Admission will be finalized as per the guidelines laid down by Dental Council of India, Ministry of Health & Family Welfare, State Government of Rajasthan, Rajasthan University of Health Sciences, Jaipur & Supreme Court of India

\_\_\_\_\_  
Signature of Father/ Guardian  
Date : \_\_\_\_\_

\_\_\_\_\_  
Full Signature of Candidate  
Date : \_\_\_\_\_

### Documents to be submitted for Admission

01. Mark sheets of 10<sup>th</sup> Std & BDS (1<sup>st</sup> year to Final Year)  
03. Attempt Certificate  
05. Migration Certificate  
07. Birth Certificate  
09. Passport Size Photograph (06 Copies)

02. Provisional Degree of BDS  
04. Internship Completion Certificate  
06. State Dental Council Registration Certificate  
08. Bank Guarantee/ Cash Security  
10. Affidavit ( From student and Parents)