

**SRI DHARMASTHALA MANJUNATHESHWARA EDUCATIONAL
SOCIETY ®, UJIRE / DHARWAD.
SDM College of Dental Sciences & Hospital, Dharwad
APPLICATION FOR MDS**

Admission for General / NRI Category seat for the year _____

1. **Course offered** : **MDS**

Branches :

2. Name of the candidate :

3. Date of Birth :

4. Name and address of the parents / guardian:

5. Land Line No. :

6. Mobile No. :

7. Email Address :

8. Occupation of the parent :

9. If applying under NRI
Who is NRI with relation :

10. Whether appeared for COMEDK / KCET / KRLM
Rank No. if any :

11. % of marks obtained in BDS aggregate :

12. University from which BDS Degree
Obtained / passed :

13. Date of Completion of Internship :

14. Whether belongs to SC/ST/OBC/Minority
if so Category (for students of Karnataka only):

15. Any other information:
such as extra curricular activities

I hereby declare that, the above particulars are true and correct to the best of my knowledge and belief.

Date:
For Office use:

Signature of the candidate