

**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 2018-19**

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 NEET Rank No. :

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:

Signature of the candidate

**SEND THE APPLICATION TO EMAIL:sdmcdsh@gmail.com**