



SRI DHARMASTHALA MANJUNATHESHWARA EDUCATIONAL SOCIETY ®, UJIRE / DHARWAD.

SDM COLLEGE OF DENTAL SCIENCES & HOSPITAL, DHARWAD - 580009

APPLICATION FOR BDS

Admission for General / NRI Category seat for the year _____

01.	Name of the candidate	
02.	Date of Birth	
03.	Name and address of the parents / guardian	
04.	Land Line No.	
05.	Mobile No.	
06.	Email Address	
07.	Occupation of the parent	
08.	If applying under NRI Who is NRI with relation	
09.	%of the marks obtained in PUC/12 th Std PCB/Aggregate	
10.	Whether appeared for NEET Rank No.	
11.	The University Board/from which PUC/12th Passed	
12.	The School/Board from which the 10th / SSLC passed with name of place	
13.	Whether belongs to SC/ST/OBC/Minority	
14.	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