



SRI DHARMASTHALA MANJUNATHESHWARA EDUCATIONAL SOCIETY ®, UJIRE / DHARWAD.

SDM COLLEGE OF DENTAL SCIENCES & HOSPITAL, DHARWAD - 580009

APPLICATION FOR MDS

Admission for General / NRI Category seat for the year _____

01.	Course offered	MDS
	Speciality	
02.	Name of the candidate	
03.	Date of Birth	
04.	Name and address of the parents / guardian	
05.	Land Line No.	
06.	Mobile No.	
07.	Email Address	
08.	Occupation of the parent	
09.	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