



SDM COLLEGE OF DENTAL SCIENCES & HOSPITAL, DHARWAD – 580009

Constituent College of Shri Dharmasthala Manjunatheshwara University, Dharwad



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