

FACULTY OF DENTAL SCIENCE DHARMSINH DESAI UNIVERSITY

College Road, Nadiad - 387001. Gujarat Ph: 0268-2527077, 2520502, Fax: 0268-2520501, Website: www.ddu.ac.in, Email: ddudental@gmail.com

APPLICATION FORM

Application form for admission to 1st B.D.S. on Management Quota for the Academic Year 2015-16

1. Please read the instructions and eligibility criteria carefully before filling up relevant entries in the application form. 2. Use CAPITAL LETTERS only.

3. Last date of submission of the completed application form is <u>14/08/15</u>

Application Form No. Form & Processing Fee Receipt No.

1. Candidate's Full Name : (As per 12th Mark sheet)

Exam Seat No. of 12th Std.: 2.

3. GUJ CET Exam Seat No.: E

4. Cat. Merit No._____ Gen. Merit No. (As per Admission Committee Merit List)

Marks obtained in 12th Std. (H.S.C. examination):

Subject	Total Marks (GSEB/Other)	Marks Obtained
Chemistry (Theory)	100/70	
Physics (Theory)	100/70	
Biology (Theory)	100/70	
Sub Total Theory(P+C+B)	300/210	
GUJ CET	120	

Address: _____ 5.

Pin Code_____

E-Mail______ Phone with STD ______ (M) _____

Date of Birth: _____ 6.

7.	Gender:	Male	
		Female	

Paste your recent passport size photograph

Declaration by the Candidate:

With reference to the advertisement published in a Newspaper, I would like to apply for the admission in B.D.S. course on Management Quota seat run by the University. I hereby declare that the information given above is true and correct to the best of my knowledge and understanding, If found false, I understand that my admission will be cancelled. I have verified my eligibility to apply against Management Quota. I shall abide by all the admission rules, & also other academic regulation of the University in force from time to time. I am also aware that ragging is banned and if found guilty, I shall be liable for punishment as per rules. I will remain present for the admission counseling when called. In case I do not remain present during counseling, I will not claim for admission.

Date:	Signature of Candidate:
Place:	Signature of Guardian:

Eligibility Criteria:

- 1. Management seats will be filled in on the basis of inter-se merit list of students, who have applied to be admitted against the Management seats and whose name appear in the merit list prepared by the Admission Committee.
- 2. Students shall meet minimum standards for admission as prescribed by DCI/University.
- **3.** If any statements made in the application form or any information / document supplied by the candidate in connection with his/her application or admission is at any time found to be false or incorrect or misguiding, or if at any time it is found that the candidate has concealed any information/fact in connection with his/her application his/her admission shall be cancelled without any notice thereof, fees shall be forfeited and he/she may be expelled.
- **4.** Candidate should have completed 17 years of age on 31st December of the Academic Year for which the admissions are being conducted.

List of Document to be attached with the application form in order as given below: (Self Attested Xerox Copy)

- 1. H.S.C. (12th) Mark sheet or Equivalent Mark Sheet of all attempts
- 2. GUJ CET Marksheet
- **3.** School leaving Certificate (SLC/Transfer Certificate (TC) and evidence of place of birth when not mentioned in SLC/TC
- 4. Medical Fitness certificate of student to be submitted in original.
- 5. Migration Certificate (only for Central Board/Council)
- 6. Call Letter 2015-16 of Admission Committee For Professional Medical Education Courses



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ACKNOWLEDGEMENT

Form No.

Received an Application Form for an admission in 1st BDS under Management Quota for the Academic year 2015-16 from Mr./Ms._____

Signature of the Official_____

Date_____

FORM OF CERTIFICATE

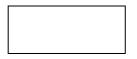
MEDICAL CERTIFICATE OF EXAMINATION OF CANDIDATE FOR ADMISSION TO DENTAL COURSE

I hereby certify that I have examined Shri/Kum______a candidate for admission to the B.D.S. course and cannot discover that he/she has any disease, constitutional weakness or bodily infirmity except______

I do not consider this a disqualification for admission to the B.D.S. course. His / Her age is according to his/her own statement _____ years and by appearance_____ years. He / She have been vaccinated.

Marks of Identification:

Impression of LEFT hand thumb



- (1) Signature
- (2) Full Name
- (3) Qualification (Minimum M.B.B.S.)
- (4) Registration No.

Dated the _____ 2015

<u>ANNEXURE – 1, Part-1</u>

UNDERTAKING BY THE CANDIDATE/STUDENT

1.	I, S/o. D/o. of Mr./Mrs./Ms.					
	have carefully read and fully understood					
	the law prohibiting ragging and the direction of the Hon'ble Supreme Court and the					
	Central/State Government in this regard.					
2.	have received a copy of the DCI regulation on curbing the Menace of Ragging in Dental					
	College, 2009 and have a carefully gone through it.					
3.	I hereby undertake that					
	• I will not indulge in any behavior or act that may come under the definition of ragging,					
	• I will not participate in or abet or propagate ragging in any form					
	• I will not hurt anyone physically or psychologically or cause any other harm.					
4.	I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the					
	provisions of the DCI Regulation mentioned above and /or as per the law in force.					
5.	I hereby affirm that I have not been expelled or debarred from admission by any institution.					
Signed	this day of month of year					
	Signature					
Name:	Address:					

ANNEXURE - 1, Part-2

UNDERTAKING BY PARENTS/GAURDIAN

1.	I,					F/o.	M/o.	G/o.
			have	carefully	read	and fully	understood	the law
	prohibiting	ragging and the	direction of the	Hon'ble	Supre	me Court	and the Cen	tral/State
	Governme	nt in this regard as	well as the DCI	Regulatio	on on	Curbing the	e Menace of	Ragging
	in Dental c	ollege, 2009.		-		•		
2.	I assure yo	u that my son/daug	hter/ward will no	ot indulge	in any	act of rage	ging.	
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3. I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of DCI Regulation mentioned above and/or as per the law in force.

Signed this ______ day of ______ month of _____ year

Name:

Address:

Signature