



# FACULTY OF DENTAL SCIENCE DHARMSINH DESAI UNIVERSITY

College Road, Nadiad - 387001. Gujarat  
Ph: 0268- 2527077, 2520502, Fax: 0268-2520501,  
Website: [www.ddu.ac.in](http://www.ddu.ac.in), Email: [ddudental@gmail.com](mailto:ddudental@gmail.com)

## APPLICATION FORM

Application form for admission to 1<sup>st</sup> 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 **14/08/15**

Application Form No. \_\_\_\_\_ Form & Processing Fee Receipt No. \_\_\_\_\_

1. Candidate's Full Name : \_\_\_\_\_  
(As per 12<sup>th</sup> Mark sheet)
2. Exam Seat No. of 12<sup>th</sup> Std.: \_\_\_\_\_
3. GUJ CET Exam Seat No.: **E** \_\_\_\_\_
4. Gen. Merit No. \_\_\_\_\_ Cat. Merit No. \_\_\_\_\_  
(As per Admission Committee Merit List)

Paste your  
recent  
passport  
size  
photograph

### Marks obtained in 12<sup>th</sup> 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	

5. Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone with STD \_\_\_\_\_ (M) \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_

7. Gender: Male   
Female

**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 31<sup>st</sup> 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. (12<sup>th</sup>) 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



**FACULTY OF DENTAL SCIENCE  
DHARMSINH DESAI UNIVERSITY**

College Road, Nadiad - 387001. Gujarat  
Ph: 0268- 2527077, 2520502, Fax : 0268-2520501,  
Website : [www.ddu.ac.in](http://www.ddu.ac.in), Email: [vcddit@yahoo.co.in](mailto:vcddit@yahoo.co.in)

---

**ACKNOWLEDGEMENT**

Form No. \_\_\_\_\_

Received an Application Form for an admission in 1<sup>st</sup> 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

**ANNEXURE – 1, Part-1**

**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. I 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

Name:

Address:

Signature

-----

**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 Supreme Court and the Central/State Government in this regard as well as the DCI Regulation on Curbing the Menace of Ragging in Dental college, 2009.
2. I assure you that my son/daughter/ward will not indulge in any act of ragging.
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