



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 B.D.S. on NRI 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 **12/06/15**

Application Form No. _____ Form & Processing Fee Receipt No. _____

1. Candidate's Name : _____
(As per 12th Mark sheet)
2. Exam. Seat No. of 12th Std.: _____
Month & Year of Passing: _____
3. **Marks obtained in 12th Std. (H.S.C. examination):**

Paste your
recent
passport
size
photograph

Subject	Total Marks of Each Sem (GSEB/Other)	Marks Obtained					Total Average Marks
		Sem-I	Sem-II	Sem-III	Sem-IV	Total Marks	
Chemistry (Theory)	100/70						
Physics (Theory)	100/70						
Biology (Theory)	100/70						
Sub Total Theory (P+C+B)	300/210						
English	100						
Total Practical (P+C+B)	150/90						

5. Marks obtained in 10th Std. (S.S.C. Exam.): _____ Out of _____
Month & Year of Passing: _____ Seat No. _____
6. Address: _____
_____ Pin Code _____
E-Mail _____ Phone with STD _____ (M) _____
7. Date of Birth : _____
8. Birth Place : Gujarat Other State in India, please specify _____
 Foreign, Please specify _____
9. Citizen Ship : Indian Others 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 NRI 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 NRI 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. NRI seats will be filled in on the basis of inter-se merit list of students, who have applied to be admitted against the NRI seats. Merit list will be prepared on the basis of marks obtained in 12th Science in the subjects of Chemistry, Physics and Biology only in Theory. Marks obtained in Practical & GCET will not be considered for Merit.
2. Students shall meet minimum standards for admission as prescribed by DCI/University.
3. Candidate passing qualifying examination from abroad shall have to produce equivalence certificate from Association of Indian Universities, New Delhi.
4. 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 misleading, 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.
5. Candidate should have completed 17 years of age on 31st December of the Academic Year for which the admissions are being conducted.
6. Preference will be given as per rule 7-C (4) of Gujarat Professional Medical Educational Courses (Regulation of Admissions and Payment of Fees) Rules – 2011 in following manner. Candidate who is nonresident Indian as also candidate whose parents & in absence of his /her parents, his/her legal guardian who is NRI shall be offered NRI seat in the first instance and thereafter NRI seat if remains vacant shall be offered to a candidate who is dependent to NRI

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. H.S.C. (12th) Passing Certificate
3. H.S.C. (12th) Attempt Certificate
4. School leaving Certificate (SLC/Transfer Certificate (TC) and evidence of place of birth when not mentioned
In SLC/TC
5. S.S.C. (10th) Mark sheet
6. S.S.C. (10th) Passing Certificate
7. S.S.C. (10th) Attempt Certificate
8. Migration Certificate (only for Central Board/Council)
9. Certificate of equivalence from AIU-New Delhi for the students passed qualifying Examination from a foreign country.
10. Original Sponsor letter from NRI on Indian non judicial stamp paper of Rs. 50/- **to be notarized in foreign country** as per specimen attached is to be submitted. No Fax or Xerox or email will be considered for admission.
11. Original notarized copy showing NRI status of sponsorer **to be notarized in Foreign country** of his own or parents or guardians of the wards or the person from whom she/he is dependent for education purpose. (Copy of foreign passport/Green card/Permanent Resident card/Citizenship card or letter or certificate/Proof of legal guardian) No Fax or Xerox or email will be considered for admission.
12. Original Affidavit on non judicial stamp paper of Rs.50/- by the parents of student indicating relationship with sponsorer NRI. Affidavit is to be made in India by the parents of student as per specimen attached.
13. Medical Fitness certificate of student to be submitted in original.



**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: vcddit@yahoo.co.in

ACKNOWLEDGEMENT

Form No. _____

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

Signature of the Official _____ Date _____

TO WHOM SO EVER IT MAY CONCERN

(To be typed on Non Judicial Stamp of Rs. 50 in India and to be notarized in foreign country)

I _____ S/o, / D/o. _____ Age _____,
Address _____, solemnly affirm and say as under.

- (1) I am a Non Resident Indian residing in country _____ since last _____ years.
- (2) My son/daughter/ward or son/daughter of my relative/ friend, Mr./Miss. _____
Age _____ Address _____ is seeking admission in 1st BDS course to Faculty
of Dental Science, Dharmsinh Desai University, Nadiad, Gujarat.
- (3) I am testamentary/certificated/natural/de-facto guardian of above candidate. Above candidate is
dependent on me for education purpose.
- (4) I will strictly follow and abide by the rules and directions regarding admission on NRI seats.
- (5) I am having Foreign pass port / P.R. Card / Green Card / other document showing status of my non
residence as a proof of evidence. A notarized copy of above document duly notarized in foreign
country is enclosed herewith.
- (6) Above candidate has completed 17 years of age as on 31st December, 2014. A Xerox copy of
school leaving certificate / birth certificate showing birth date is enclosed herewith.

(Sponsored NRI)

TO WHOM SO EVER IT MAY CONCERN

(To be typed on Non Judicial Stamp of Rs. 50 and to be notarized in India)

I _____ S/o / D/o of _____ residing

At _____

Solemnly affirm and say as under.

(1) My son/daughter Mr./Miss. _____ age _____ years is seeking admission to BDS course at the Faculty of Dental Science, Dharmsinh Desai University, Nadiad, a SFI institute in Gujarat.

(2) My son/daughter _____ has been adopted by NRI Mr. _____ S/o./ D/o. of _____ residing at _____ for education purpose.

(3) Above named NRI Mr. _____ who is proposing to undertake responsibility for paying tuition fees of above student is my _____.

(4) I will pay the fees to the Vice Chancellor, Dharmsinh Desai University where my son/daughter/ward is admitted in 1st BDS at the Faculty of Dental Science, Dharmsinh Desai University, Nadiad, Gujarat, India.

Original copy of sponsor letter on non judicial stamp paper notarized in foreign country by above NRI is enclosed herewith.

Father/Mother/Guardian
of student

FORM OF CERTIFICATE

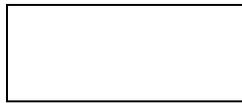
MEDICAL CERTIFICATE OF EXAMINATION OF CANDIDATE FOR ADMISSION TO DENTAL COURSE

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

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 behaviour 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

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