



AWADH DENTAL COLLEGE & HOSPITAL

NH - 33, Danga, Bhilaipahari, Jamshedpur, Dist.-East Singhbhum
Jharkhand (India), Pin : 831012

APPLICATION FOR ADMISSION TO PG DENTAL COURSES

Incomplete Application will be rejected

Passport Size
Photograph
attested by the
Dean/Principal/
Gazetted
Officer.

Candidate Details :

Candidate's Name :

(As given in the Degree Mark sheet / Certificate)

Father's / Mother's Name :

Gender :

Male -

Female -

Date of Birth :

(As per 10th / SSLC Certificate)

Day - Month- Year-

Cast / Community :

(The certificate should be enclosed)

GM - OBC - SC - ST -

Address for Communication :

CITY

PIN

District

STATE

E-mail

Telephone :					
Telephone with STD code :					
Mobile					
Details of Demand Draft					
D. D. No.					
Amount		Rs. 4,000/-			
Date of Issue		Day-	<input type="text"/>	Month-	<input type="text"/>
		Year-	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Drawee Bank	Bank Name				
	Place				
Details of Education		B.D.S.			
Name of University					
Name of the College					
Month / Year of Passing					
Please enter the percentage of marks scored in BDS (Please don't enter % symbol)					
Details of B.D.S. Examination		Max Marks	Marks Obtained	Percentage / Grade	Month & Year of Passing
B.D.S.- 1st Year					
B.D.S.- 2nd Year					
B.D.S.- 3rd Year					
B.D.S.- 4th Year					
Internship Completion (Should complete Internship by 30/04/2013)		From _____ To _____			
Whether Institution recognized by D.C.I. (Enclose recognition letter)					

DECLARATION BY THE CANDIDATE

1. I, Dr., S/o D/o. hereby affirm that the information furnished by me in this application and the enclosures is true. I know that if the information furnished by me is untrue, my seat will be forfeited.
2. I hereby affirm, that I am the genuine applicant and take all responsibility to prove my identification in case of doubt arising about the same. I am also aware that, I am liable for disqualification and legal action, if I found guilty of impersonation and same shall also be applicable to any other person involved.
3. I will not indulge in any form of ragging. I know it is a criminal offence and found guilty, I will be summarily dismissed. I undertake to make good the loss caused to the college / staff / student or any other person caused by any illegal act of mine.
4. I am liable to pay the balance of fees calculated for the entire course, in case I discontinue the course or I am expelled from the college for any reason.
5. I shall abide by all the rules and regulations of the college / University that may be framed from time to time. I undertake to make good the loss caused to the college / staff / student or any other person caused by any illegal act of mine.

Left Index finger Impression
of the applicant



Place :

Date :

Signature of the applicant

DECLARATION BY PARENT OR GUARDIAN

1. I, Mr./Ms. hereby affirm that the information furnished by my Son's / Daughter's / Ward's is found to be untrue, my Son's / Daughter's / Ward's seat will be forfeited.
2. I know ragging is a criminal offence and shall take steps to prevent my Son's / Daughter's / Ward's from indulging in it, I also know that if he/she is found guilty of the offence, he/she will be summarily dismissed from the college. I undertake to make good the loss caused to the college / staff / student or any other person caused by any illegal act of my Son's / Daughter's / Ward's.
3. I am liable for payment of the balance of fees calculated for entire course, in case my Son's / Daughter's / Ward's discontinues the course or is expelled from the college for any reason.
4. I am also aware that once the candidate is admitted to the course, no refund of either in full or part thereof will be made, for any reason.

Place :

Date :

Signature of the Parent/Guardian

(Declaration to be signed by the Guardian, only case of both Father & Mother of the candidate are not alive)

List of original documents required while reporting for Counseling

At the time of co unseling, you are required to produce the following documents in original; failure to do so will result in instantaneous cancellation of your claim for admission. You are also required to submit three attested photocopies of each of these documents.

1. Call letter for Counseling.
2. NEET Admission Ticket.
3. NEET Rank Card
4. For a proof of data of birth : SSLC/SSC certificate or School/College Leaving Certificate of Domicile / Nationality Certificate / Birth Certificate.
5. Marks Cards : B.D.S. from 1st of Final year.
6. Attempt Certificate.
7. Internship Completion Certificate (if not completed, Provisional Completion letter from Dean/Principal).
8. Provisional / Permanent Registration of the Dental Council of India.
9. Degree Certificate / Provisional Certificate.
10. Conduct & Character Certificate from Dean / Principal, college last attended/ Class-I Officer of the place of residence.
11. Magration Certificate.
12. Caste / Community Certificate
13. Original photo identity issued by the State/Central Government. (Eg. Passport / Voters Card / Pan Card / Driving Licence).
14. An affidavit in the format signed by you and countersigned by your Parent/Guardian in the presence of Notary Public on a stamp paper of Rs. 50 (minimum).
15. Six recent passport size colour photograph with name and date.
16. DCI-recognition of the college where student has completed the course.
17. DDs of Nationalized Bank for Tuition fees & other fees drawn in favour of :
"Manglawati Sewa Sadan" payable at Jamshedpur.

Please note that DD has to be Purchased by the candidate/parent. In case the demand draft has been purchased by any other person, necessary undertaking / declaration has to be submitted.

List of Enclosures to be attached with the Application Form

1. Processing fee of Rs. 4000/- only by DD favouring "**Manglawati Sewa Sadan**" payable at Jamshedpur, along with the documents listed below.
(Photostats copies only for the following documents)
2. Proof of Date of Birth (SSLC/10th Certificate / Birth Certificate).
3. Marks Card - BDS - from First to Final Year.
4. Attempt Certificate.
5. Internship Completion Certificate (if not completed, Provisional Completion letter from Dean/Principal).
6. Provision / Permanent Registration of the Dental Council of India.
7. Degree Certificate.
8. Six recent passport-size colour photographs with name and date.
9. Conduct Certificate.
10. Migration Certificate.
11. Caste/community certificate (The certificate issued by competent authority for candidates claiming eligibility under SC/ST/Category-1/OBC Category).
12. Self addressed 3 nos. A4 size envelopes.
13. Proof of DCI - recognition of the college from where student has completed the course.
14. Attested copy of photo identity issued by Central / State Government (eg. Passport / Voter Card / Pan Card / Driving Licence)
15. Registration Slip of BDS 1st Year.
16. Admit Card of Final Year.

Affidavit

(To be submitted at the time of counseling on Rs. 50/- stamp paper and notarized)

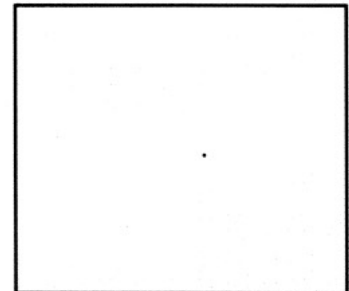
I, son/daughter ofhereby solemnly affirm that the following statement made by me are true to the best of my knowledge and belief that.

- A) I am a citizen of India
- B) I have studied and understood the rules governing counseling, admission procedure, and fee structure and agree to abide by these rules.
- C) If admitted to Awadh Dental College & Hospital of the Kolhan University, I will abide by all its rules and, regulations especially those regarding discipline, attendance, examinations and payment of fees. I understand that failure to comply with the rules and regulations will invite an appropriate disciplinary action from the University/Institutional authorities.
- d) I will not involve myself in any action of ragging during the course of my education in this University. I understand that involvement in ragging is a cognizable offence and it will result in police action and would result into cancellation of my admission to the course.

Name of the candidate :

Date :.....

Place :.....



Left Thumb Impression of the Candidate

Signature of the Candidate

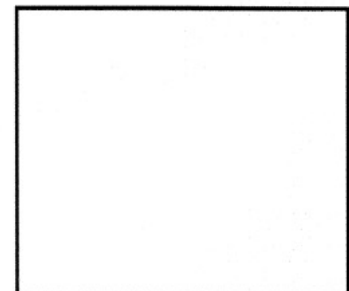
I, the father/mother/guardian of..... an applicant for admission to course at Awadh Dental College & Hospital, hereby solemnly affirm that all the above statements made by son/daughter/ward are true to the best of my knowledge and belief. I will be responsible for the payment of his/her fees on time and for his / her conduct.

Name of the parent/guardian

Relationship of candidate :

Date :

Address with phone No. :



Left Thumb Impression of the parent/Guardian

Signature of the parent/guardian