

Association of Haryana State Self Financing Dental Colleges (Regd)

B-65, Paschimi Marg, Vasant Vihar, NEW DELHI. Pin: 110057.

Application Form for Admission to 5 Year BDS Programme -2010-11

(The form is required to be filled in by the Candidate.)

1. Name of Candidate (Block letters) : _____
2. Father's Name (Block letters) : _____
3. Mother's Name (Block letters): _____
4. Date of Birth : _____
5. Religion: _____
6. Category: General/Scheduled Caste/Scheduled Tribe/Other Backward classes
7. Gender: Male Female

8.(a) Details of Qualifying Exam:

Name of Examination	School / College from which passed	Board / University	Year of Passing	Maximum Marks	Marks obtained	% marks obtained and Division
AISSCE/ (10+2)						

(b) In case of 10+2 Examination:-

Name of Subject	Max. Marks	Marks obtained	% age of Marks
Physics			
Chemistry			
Biology			
English			
Total			

9. Details of Entrance Tests:-

(a) AIPMT-2010 Roll No. _____ Rank _____

Maximum Marks _____ Marks Obtained _____

(b) HARYANA PMT-2010 Roll No. _____ Rank _____

Maximum Marks _____ Marks Obtained _____

10. Full Postal/Address for correspondence with Pin Code:

Telephone/Landline No: _____

Mobile No: _____

DECLARATION:-

I solemnly declare that I have filled in the application form in my own handwriting and the information given therein is correct. I understand that if this information is found to be incorrect at any stage, my candidature to the course shall stand cancelled.

.....
(Signature of Parent/Guardian)

.....
(Signature of the Candidate)

Place: _____

Date: _____

Note: Candidates are advised to give their Mobile Phone Number, so that he/she may be contacted to pass on message/s regarding admission.