



NOT TRANSFERABLE

Application No.

CERTIFICATES TO BE ENCLOSED

**VIVEKANANDHA
DENTAL COLLEGE FOR WOMEN**Elayampalayam, Tiruchengode (Tk), Namakkal (Dt),
Tamilnadu, Pin - 637 205.(Approved by Dental Council of India & Ministry of Health, New Delhi,
affiliated to the Tamilnadu Dr.M.G.R. Medical University, Chennai)**Application form for admission in
B.D.S. Course for the academic Year 20 - 20**

S.No	Name of the Certificates	Nos.	Original / Xerox
1.	Transfer Certificate		
2.	Community Certificate		
3.	Nativity Certificate		
4.	Income Certificate		
5.	First Graduate Certificate		
6.	Eligibility Certificate		
7.	Migration Certificate		
8.	Passport Size Photo – 10		
9.	10 th - Mark Sheet		
10.	12 th - Mark Sheet		
11.	Student's Bank Pass Book – Xerox Copy		
12.	Physical Fitness & Blood Group Certificate		
13.	Adhar Card – Xerox Copy		
14.	Agreement Bond		
15.	Allotment Order (Govt. Quota)		
16.	Tuition Fee Bank Challan(Govt.Quota)		
	Total		

Name: (In Capital) with expanded initials

Sex

D.O.B

Age

Father Name

Occupation

Annual Income

Mother Name

Occupation

Annual Income

Marital Status : Single / Married

Spouse Name

Community OC / BC / BCM / MBC / SC / SCA / ST

Aadhaar No.

Nationality

Religion

Mother Tongue

Place of Birth

District

State

Permanent Address

District

State

Pincode

Cell No

Landline No

E.Mail ID



Name & Postal Address of the local Guardian

District State Pincode

Cell No Landline No

E.Mail ID

Postal Address to which communication to be sent

District State Pincode

Cell No Landline No

E.Mail ID

For NRI / Foreign Student

Passport No Dt. of issue Valid Upto Issuing office

Visa No Dt. of issue Valid Upto Issuing office

Whether Hostel accommodation required Yes / No.

Relevant Medical Information

Kindly provide details to the following questions correctly, so as to provide proper medical care. Please do not suppress any relevant information. Put a (✓) mark against the relevant conditions.

Blood Group Whether Blood Donor

Are you suffering from/undergoing treatment/underwent treatment for

Cardiac conditions Epilepsy

Bronchial Asthma Depression / Stress

Any other (specify) None of the above

Past Medical History

Have you underwent any surgery ? Yes / No.

If yes, give details

Are you Allergic to any of the following substances ?

Drug Food Dust

Any other None

If yes, give details

Are you taking any drug regularly ? Yes / No.

if yes, give details

Any other significant Medical / Surgical information

Name of the Institution last studied

The name of the qualifying examination passed Year of passing

Board District State

JOINT DECLARATION BY THE APPLICANT AND PARENT / GUARDIAN

I hereby solemnly affirm that the particulars furnished by me in this application are true. The certificates submitted by me are genuine. If found or bogus on verification, I am aware that I will be liable for criminal prosecution and as deemed fit for any other action. Further I state that I will not indulge in ragging during the course of my study in this institution in any manner both in college and hostel. I am aware that in the event of involving in ragging, I will be put in punitive action even upto removal from the college and hostel. If admitted to the College, I agree to observe all the rules and regulations of this College and to pay all fees and charges assessed there under. If I am found not adhering to the above mentioned rules of discipline and code of conduct, I shall loose the privilege of continuing as the student of the college.

I accept the decision of the The Tamilnadu Dr.M.G.R. Medical University, Chennai and the Dental Council of India, New Delhi, regarding the eligibility criteria for admission to B.D.S. course.

Signature / Guardian

Signature of the Applicant

Date :

Place :