



Application No: _____

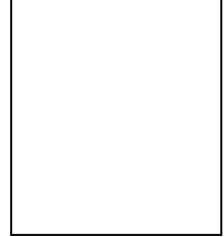
**MARATHA MANDAL'S
NATHAJIRAO G. HALGEKAR INSTITUTE OF DENTAL SCIENCES
AND RESEARCH CENTRE, BELGAUM**

(Recognized by Dental Council of India, New Delhi)

(Affiliated to RajivGandhiUniversity of Health Sciences, Bangalore-Karnataka)

APPLICATION FORM FOR ADMISSION TO THE FIRST YEAR M.D.S COURSE

To,
The CHAIRPERSON,
THE MARATHA MANADAL'S
NATHAJIRAO G. HALGEKAR INSTITUTE OF
DENTAL SCIENCES & RESEARCH CENTRE.
R.S.NO. 47A/2, BAUXITE ROAD,
BELAGAVI - 5900 10



Sir/Madam,

I am interested in registering my name for a seat in **Maratha Mandal's N.G.H. Institute of Dental Sciences & Research Centre, Belgaum**, for the **FIRST YEAR** of MDS Course (Master of Dental Surgery) (Department _____)

I furnish the following information about myself

1. Name of the Candidate: _____
(In block letters beginning _____ Name Fathers NameSurname
with Name/Father/Surname)

2. Permanent Address: _____
_____ PIN _____

3. Present Address with Tel. No. _____ PIN _____

4.

| | Mobile No. | Email ID | Aadhar No. |
|-----------|------------|----------|------------|
| Candidate | | | |
| Father | | | |
| Mother | | | |

5. Date of Birth: _____ Agecompleted: _____ (as on 31st Dec. of the Year in
which admission is sought)

6. Place of Birth: _____ a. Blood Group: _____ b. District: _____
c. Village/Town: _____ d. Taluka: _____ e. State _____

7. Mother name: _____ Mother Tongue _____

8. Nationality: _____ Religion/ Caste/ Community: _____

9. Candidate PAN No. _____

10. The last examination passed by him/her was: _____
in the year _____ in _____ attempt. Name
of the Last attended college _____

11. Internship Completed on: _____

State Dental Council Reg No. with State: _____

12. Total marks & Percentage obtained in BDS Course I to Final _____

13. Name of University, Passed Year & Registration No: _____

14. NEET Rank No. _____ Total Marks _____ Percentile _____

15. College last attended and date and reason of leaving: _____

16. Name of the Parent / Guardian: _____

| | PAN Card | Occupation | Annual Income |
|--------|----------|------------|---------------|
| Father | | | |
| Mother | | | |

Place: _____

Date: _____

17. **Declaration of the Parent / Guardian:** We do hereby solemnly and sincerely affirm that the statement made and the information furnished herein and the particulars given are true and correct. Should it however be found that any information furnished herein are untrue, we are liable to criminal prosecution and we also agree to forgo the claim for admission to the dental course. Also we declare that we are responsible for timely payment of all dues payable to the institution, during his/her period of study. We also hold ourselves responsible for the disciplinary behavior of our ward.

Place: _____

Date: _____

Signature of Parent / Guardian

| | | |
|-----|---|--|
| 18. | Anti-Ragging Undertaking Reference | |
|-----|---|--|

** To be filled Online Undertaking on www.antiragging.in/www.amanmovement.org

19. Enclosure attachment:

1. KEA registration, KEA Allotment Order.
2. NEET admission Card, NEET Score Card
3. KEA Document Verification Slip
4. SSLC/10th Marks Card, 12th Standard Marks Card
5. BDS Marks Card issued by the universities of all phases / years.
6. Degree Certificate
7. Internship Completion Certificate
8. State Council Registration Certificate and Renewal certificate
9. Leaving Certificate / Transfer Certificate.
10. Migration Certificate. (BDS completed other than RGUHS, Bangalore)
11. Eligibility Certificate (BDS completed other than RGUHS, Bangalore)
12. Caste & Income certificate.
13. PAN Card, Voter ID, Aadhar Card (Student & Parents)
14. Bond of Rs 100/- annexure 7
15. Photograph – 05 Nos. (Passport size)
16. Two Sets of Xerox copies of all documents

The Student undertaking:

I shall abide by the rules and regulation and standing orders of the college in force from time to time and I shall do nothing wrong either inside or outside the college campus that may or is likely to interfere with the reputation of the institution. I am aware that the admission, if granted is subject to approval of eligibility by Rajiv Gandhi University of Health Sciences, Bangalore.

I shall not go on strike or associate myself with any such activity directly or indirectly. If I do so, legal action can be taken against me to keep up the college discipline.

I am willing to give a bond / bank guarantee to the effect if I leave the course midstream or take transfer to any other institute, I will pay the full fee (Non-refundable) that is prescribed for all the remaining years i.e. for the entire MDS Course.

Place: _____

Date: _____

Signature of Parent / Guardian

Signature of the

Candidate

FOR USE OF THE COLLEGE

Date of receipt of application: _____

Registration No.: _____ Application No.: _____

Admitted / Not Admitted: _____

Orders communicated to the candidate on: _____

Principal
M.M.N.G.H. Institute of Dental Sciences
& Research Centre , Belagavi

Chairperson
M.M.N.G.H. Institute of Dental Sciences &
Research Centre, Belagavi