

10. Details of passing qualifying examination / BDS course :-

Name of examination	Year of passing	College/ University	Marks Obtained	Maximum marks	% age of marks obtained	No. of attempt
BDS 1 st Prof.						
BDS 2nd Prof.						
BDS 3rd Prof.						
BDS Final Prof.						
Total						

11. Details of completion of internship and registration:

- Date of completion of internship :
- Name of the Institute.....
- Name of the University.....
- Month, Year and Roll NO.....
- Registration no. and date with state council /DCI

No.....Date.....State.....
(Tick whichever is applicable)

Declaration by the applicant:

I declare that entries made by me in this application form are true and correct to in all respects and in case, any entry or information is found to be false, this shall entail automatic cancellation of my admission besides rendering me liable to such action as the institution may deem proper.

I note that my admission to the College and my continuance on its rolls are subject to the provision of the H.P. University and any other rules and instructions, which may be issued from time to time I shall abide by the rules of discipline and proper conduct, which may be framed in this regard. I am fully aware of the law regarding ragging as well as the punishment and that if found guilty on this account, I am liable to be punished accordingly. I also undertake that I have read and understood the prospectus -2010 issued by the institution.

I understand that the number of seats are provisional and subject to any change by Govt. of India, Dental Council of India, H.P. Govt., and H.P. University.

I undertake that I shall not indulge in any act of ragging.

Signature of the father / Mother /Guardian

Signature of the applicant

Date.....

ADMIT CARD
(FOR OFFICE USE)
ENTRANCE TEST FOR ADMISSION TO MDS COURSE
(TO BE FILLED BY THE CANDIDATE & SUBMITTED WITH FORM)

Name of the Candidate.....
Father's Name



Centre of Entrance Test

Himachal Dental College,
Sunder Nagar

Signature of official allotting the Roll Nos.

Signature of the Applicant
Roll No
(to be allotted by office)
Date of test : 25.04.10
Time: 10.00 a.m. to 12.00 noon

ORIGINAL
ADMIT CARD
ENTRANCE TEST FOR ADMISSION TO MDS COURSE
(TO BE FILLED BY THE CANDIDATE & SUBMITTED WITH FORM)

Name of the Candidate.....
Father's Name



Centre of Entrance Test

Himachal Dental College,
Sunder Nagar

Signature of official allotting the Roll Nos.

Signature of the Applicant
Roll No
(to be allotted by office)
Date of test : 25.04.10
Time: 10.00 a.m. to 12.00 noon

Note :
To be retained by the candidate after the entrance test and must be brought at the time of counselling