

SURENDERA DENTAL COLLEGE & RESEARCH INSTITUTE

H.H. Garden, Power House Road
 Sri Ganganagar (Rajasthan) 335001
 Ph- 0154-2440071, 2440072
APPLICATION FORM FOR ADMISSION
 20..... – 20.....

Passport Size
 Photograph

Signature

Category

Surname

Middle Name

Name

- Name of the Student:
 (In Capital Letters)
 Course Year
- Name of Father / Mother / Guardian
 (In Capital Letters)
 Father / Mother's Profession.....
- Permanent Address :

 Pin Code :
 Telephone No. With STD Code : Mobile No.....
- Local Guardian's Name with Address:

 Pin Code
 Telephone No. With STD Code Mobile No.....
- Caste : SC / ST Backward Class / Any other reserved category: Yes / No
 (If Yes, please attach certificate from the competent authority)
- Date of Birth :/...../.....
- Place of Birth :
- Nationality :
- Educational Qualification (Last Qualifying Exam):

Examination	Univ. / Board	Subjects	Year of	Marks	Percentage
	Roll No.		Passing	Obtained	Grade
10+2	Physics	.....	.....	.....
	Chemistry	.....	.....	.....
	Biology	.....	.....	.....
	English	.....	.....	.....

RPMT/PCPMT Marks obtained RankPercentage(if any)

10. BDS	Univ. Roll No.	Yr. of Passing	Marks Obtained	%age
1 st year
2 nd year
3 rd year
4 th year

11. List of Enclosures :

- (1) (4)
(2) (5)
(3) (6)

12. Declaration : I solemnly declare that

- (a) I have completed 17 years age as on date or will complete by 31st December of this year
(b) I have never been disqualified from appearing in any University / Board examination.
(c) I have never been prosecuted / detained / fined/ convicted by the court of law for any offence.
(d) The forgoing information is complete and correct.
(e) I will abide by the rules and regulations laid down by the institution.
(f) I understand that the failure to comply with the rules and regulations or if any information given above is found incorrect, the institution will be free to take an appropriate action.

Signature of the student

Name :Date:.....

Signature of Parent/ Guardian

Name :Date:.....

13. Undertaking by the Father / Mother / Guardian

I Father / Mother / Guardian of student ofyear when admitted in Surendera Dental College & Research Institute, H.H.Gardens, Sri Ganganagar do hereby confirm to bear the responsibility of my son/daughter / ward and assure regular payment of the prescribed college fees and other related dues. That my son / daughter / ward shall not insist for the change in category / institution at any time during the course of his / her study and shall not leave the course mid stream.

Signature of Father /Mother / Guardian

Name :Date:.....

For Office Use Only

To : Accounts Branch

Please accept fees from Mr. / Kumar

Foryear admission

1. Tuition Fees	:	Rs.
2. Hostel Fees	:	Rs.
3. Caution money (As deposit, refundable)	:	
(a) College	:	Rs.
(b) Hostel	:	Rs.
Total	:	Rs.

Date:.....

Director Principal

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H.H. Garden, Power House Road

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APPLICATION FORM FOR HOSTEL ACCOMODATION

20..... – 20.....

1. Name of the Student:

2. Name of Father / Mother / Guardian

3. Permanent Address :

.....Pin Code :

Telephone No. With STD Code : Mobile No.....

4. Local Guardian's Name with Address:

.....Pin Code

Telephone No. With STD Code Mobile No.....

5. Undertaking by Father / Mother / Guardian

I Father / Mother / Guardian of student ofyear when admitted in Surendera Dental College & Research Institute, H.H.Gardens, Sri Ganganagar do hereby confirm to bear the responsibility of my son/daughter / ward and assure regular payment of the prescribed college fees and other related dues in single instalment every year.

Signature of Father /Mother / Guardian

Name :.....Date:.....

6. Undertaking by the Local Guardian

I R/o.

do hereby agree to be the local Guardian of student of

.....

Year . In case of any problem I take the responsibility to look after the same.

Signature of Local Guardian

Name :.....Date:.....

7. Undertaking by the student

I ,..... Student of year BDS , undertake that I have gone through all the rules and regulations of the hostel and I shall abide by the same. In case I fail to comply with the rules and regulations, the institutional authorities will be free to take appropriate action. Kindly allow me an accommodation in the hostel.

Signature by the student

Name :.....Date:.....

Hostel Fee Deposited / Not Deposited

Receipt No.....Dated.....

Cashier allowed / not allowed

Date:.....

Signature of Warden