

Fresh / Repeater



UNIVERSITY OF PUNE

GANESHKHIND, PUNE-411 007

**APPLICATION FORM FOR BACHELOR OF DENTAL SURGERY (B.D.S.) EXAMINATION
TO BE HELD IN JULY/DECEMBER**

Application Form No.

Price of Application Form : Rs. 30/-

To,

THE CONTROLLER OF EXAMINATIONS
UNIVERSITY OF PUNE,
GANESHKHIND, PUNE-411 007.

Sir,

I request permission to present myself at the ensuing Examination for the Bachelor of Dental Surgery (B.D.S.) in

I hereby, declare that since my last appearance at this examination from this college. I have not joined any other college for prosecuting further studies for this examination.

I am furnishing my personal details in the enclosed proforma for your information.

Yours faithfully,

Place :

Date :

(Signature)

(NOTE : APPLICANT FROM SOUTH INDIA, UPCOUNTRIES AND FOREIGN COUNTRIES SHOULD WRITE THE NAME IN THE MANNER IN WHICH THE SAME SHOULD APPEAR ON UNIVERSITY RECORD INCLUDING DEGREE CERTIFICATE).

[P.T.O.]

PERSONAL DETAILS

1. Full Name of the Applicant in block letters beginning with Surname (In English)	
2. Full Name of the Applicant in block letters beginning with Surname (In Devanagari Script)	
3. Mother's Name	
4. Sex	
5. Category	
6. Permanent Residential Address	
7. Residential Address (Local)	
8. Previous College/School Name	
9. Date of Registration	
10. Duration of BDS Course	
11. Whether the Course at the said College is recognized by the M.C.I.	
12. Year of Examination for which appearing	
13. Whether Fresh or Repeater	
14. If repeater, month and year when last appeared	
15. Signature of the Candidate	
*16. Name and Signature of the Head of the Department in token of (1) satisfactory completion of required duties/terms/Thesis (2) verifying the correctness of the information furnished above by the candidate and his/her PG Guide (3) Permission to appear for the said examination	
17. Signature of the Principal/Head of the Institution with stamp of designation	