



SRI SAI COLLEGE OF DENTAL SURGERY

1-2-64/1&2, Kothrepally, Opp.Shivasagar, Vikarabad-501101, R.R.Dist.A.P.
 Tel. No.08416-254904, Fax : 0866-253998, www.sscds.edu.in
 Recognized by DCI / Govt. of India, vide F.No.12017/14/2002-PMS/DE, dt.4-4-2007
 Affiliated to Dr.NTR University of Health Sciences, Vijayawada

**APPLICATION FORM FOR ADMISSION INTO DENTAL PG DEGREE COURSES (MDS)
 UNDER MANAGEMENT QUOTA
 FOR THE ACADEMIC YEAR 2015-16**

COURSE APPLIED FOR :
 (Please put (✓) against the course applied for)

Postgraduate Dental Degree (MDS) Courses

- 1. Prosthodontics
- 2. Periodontics
- 3. Conservative Dentistry & Endodontics
- 4. Oral & Maxillofacial Surgery
- 5. Orthodontics
- 6. Community Dentistry
- 7. Pedodontics & Preventive Dentistry
- 8. Oral Medicine & Radiology
- 9. Oral pathology & Microbiology

Note : Please fill in each column in your own handwriting, put tick mark (✓) wherever necessary and strike off the portion not applicable. Incomplete application forms will be rejected summarily.

- 1. a) Name of the candidate :
 (IN BLOCK LETTERS)
- b) Sex : Male Female
- b) Date of birth & Age :
- c) Address with Pin code to which communication to be sent :

- d) E-mail ID :
- e) Phone No. with STD code : Residence:
 Mobile :

2. a) Father's Name & Occupation :

3. a) Nationality and Religion :

b) Community

SC	ST	OBC	OTHERS
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4. a) Name and address of the Dental College where qualified :

b) Whether the Dental College is recognized by DCI / GOI : Recognized Not Recognized

5. Qualifying examination BDS / *Equivalent* passed (Photo copy of Degree Certificate, Statement of Marks of all Examinations & Consolidated Statement of Marks, *Equivalence Certificate* if applicable to be enclosed.) :

6. Marks secured in BDS / *Equivalent* Degree Course:

Course	Subject (s)	Marks secured	Maximum marks	Month & Year of Passing	No. of attempts
I BDS					
II BDS					
III BDS					
IV & V BDS					
GRAND TOTAL				Percentage of Marks

7. Registration No., Month and Year : Registration No. :
of passing of qualifying Examination Month :
(BDS / Equivalent Degree course) Year :

8. a) Whether the candidate has passed : Yes No
all the examinations in the first
attempt during BDS Degree
course

b) If No, how many attempts were made to pass:

BDS Exam	No. of attempts
1 I – BDS	-
2 II – BDS	-
3 III BDS	-
4 IV & V BDS	-

9. Name of the University which :
Awarded BDS Degree

10. a) Period during which Internship : From to
was completed.

11. Details of Dental Council : State
Permanent Registration Regn. No. & Date

Declaration by the candidate

I declare that the information furnished by me herein is true and correct. In case of any information furnished herein is found to be incorrect, I agree to forego my claim for admission.

I agree to forego my claim for admission and I shall be liable to make good financial loss incurred by the institution on this account.

Place :

Date :

Signature of the Candidate

Note: 1) The hard copy of this application should be submitted in person along with the documents mentioned in list of documents and a demand draft / cash of Rs.5,000/- favouring "Sri Sai College of Dental Surgery, Vikarabad" payable at Vikarabad towards the cost of application form.

List of documents to be submitted along with application form

1. S.S.C. Certificate / Date of Birth Certificate
2. BDS / Equivalent Degree Certificate
3. All marks memos (1st to final year) of BDS / Equivalent Degree
4. Permanent Registration Certificate from State Dental council
5. Internship completion certificate (should be on or before 31.03.2015)
6. Passport Size Photographs – 5 Nos.