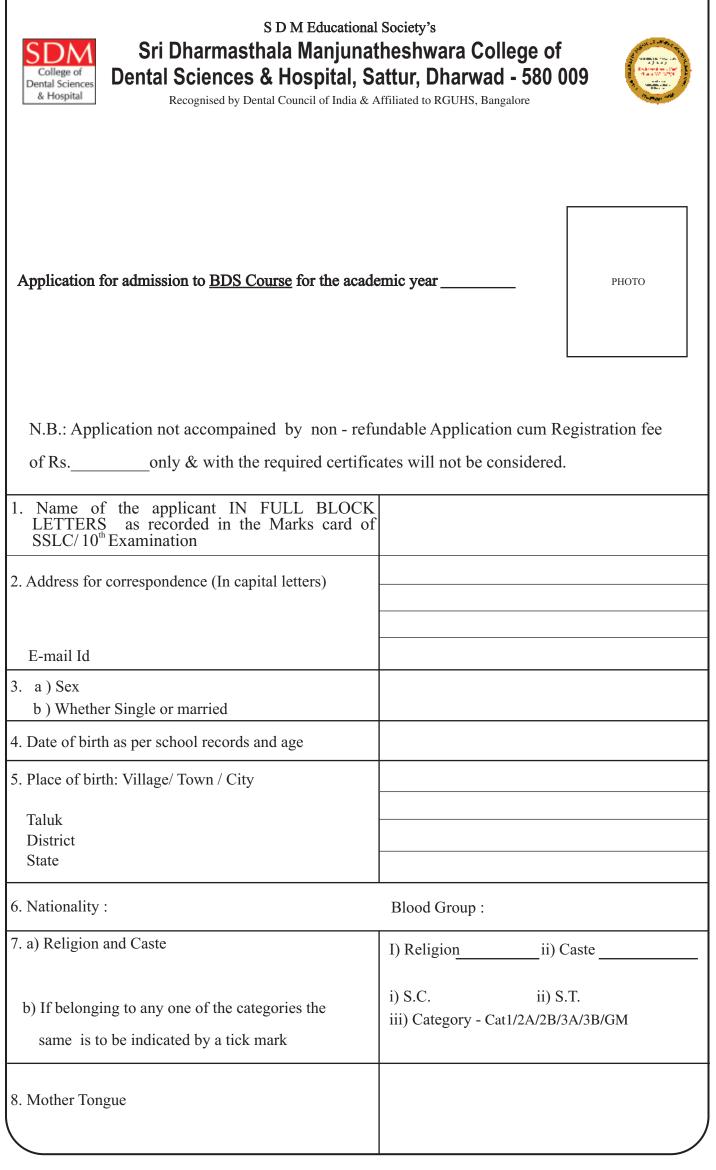
COMEDK/NEET/CET RANK NUMBER:-

APPLICATION NUMBER: ____



	(2)
9. Father's Name in full (in block letters)	
10. Name of the Guardian and relationship (if father is not alive)	
11. i) Permanent postal address of the Father/ Guardian (in capital letters) with pin code with E-mail id.	
ii) Telephone No. with STD CODE iii) Mobile Number,	
12. Occupation of Father/ Guardian	
13. Annual Income of Father /Guardian	
iii) Mobile Number, 12. Occupation of Father/ Guardian	

14. Institution at which applicant studied upto the Highest Examination passed. Furnish details for having studied for seven years in Karnataka State, if the candidate **CLAIMS TO BELONG TO KARNATAKA STATE.**

Year		Name of the Institution	District	State	Standard in which	
From	То				studied	
			_			

15 Details of Qualifying Exar	nination passed l	by the a	pplicant				υ γ
i) Name of the Qualifying example	minatiion passe	d					
Reg. No.	—— Montl	n —		- Year			
ii) Name of the College							
iii) Board/ University to which	it is affiliated _						
Examination passed	Month & Year of passing	No. of attempts	Subjects of Examination	Max. Marks	Marks obtained	Class awarded	Percentage of Marks obtained in P.C.B.
P.U.C. II Year (Karnataka State Only)			Physics Chemistry Biology				
Any other equivalent Examination passed duly recognised by the RGUHS University (For non Karnataka Students)			English Physics Chemistry Biology English				
16. Have you enclosed the issued by the R.G.U. study in other State Boa	H.S., Bangalo	ore (Fo	or Ni	es/ no umber ate of issue			
17. CET/COMEDK/NEET	Rank No.		Max. Mark	S	obtain	he	0⁄0
18. Extra Curricular Activit (Give details)	ies		Wax, Wark	<u> </u>	_ootanii		/ U
19. Non - refundable Apple with this application	ication cum R	egistra	tion fee of Rs		has	to be	paid along
Particulars of Payment:	Cash/D.D.N	lo					
Receipt No.	Date:		An	nount Rs.			
20. Declaration by the Appl	icant:						
All the particulars stated hereby declare that I hav them. I am aware that RAGGIN I understand that assoc forbidden. I note that the final allo admission, I promise to a I am aware that fees ond course at any time afte applicable for the remain	re carefully rear NG is strictly p iation whethe otment of coun- bide by the rul- ce paid will no or joining, I h	nd " Ru rohibir r activ rse ve les and ot be re ereby	ted and it is a co re or passive v sts with the Se disciplines of efunded at any undertake to p	on" of co ognizable with any election (the Colle cost. If I	llege an e offence unlawf Commit ge.	d have u e. ful orga tee. If so to disco	nisation is elected for ontinue the
Station: Date:				Signa	ture of th	e Applic	ant

21. Undertaking by the Parent/Legal Guardian

In the event of the applicant who is my son/ daughter/ ward, being admitted to institution, I hereby give an undertaking to pay regularly all his/ her fees due to the institution till his/ her completion of course of studies. I also undertake to be responsible for his/ her conduct.

Station:

Date:

Signature of Parent/ Legal Guardian (if parent is not alive

Name: ____

IMPORTANT INSTRUCTIONS:

- 1. The candidate shall enclose the following attested true copies of the certificates along with the application. However, he/ she has to produce the Original Certificates and Marks Card at the time of interview and admission.
 - a) S.S.L.C./S.S.C. Marks Card.
 - b) 2nd year P.U. Examination Certificate/ Marks card.
 - c) Physical fitness certificate.
 - d) Domicile certificate (applicable only to the student of Karnataka State)
 - e) Character certificate from the head of the Institution where the candidate studied last.
 - f) If the candidate is admitted the said course he/ she shall have to produce Transfer Certificate within the specified date.
 - g) Migration Certificate (Non Karnataka Students only)
 - h) Rajiv Gandhi University of Health Sciences, Bangalore Eligibility Certificate (Non Karnataka Students only)
 - I) 3 Passport size Photographs.
 - j) Students visa, Passport NOC from Ministry of Health & Family Welfare, Delhi, AIDS test certificate (Foreigners Only)
 - k) Mother tongue TULU certificate in case of students whose mother tongue is TULU
 - L) Pan card copy of the Parent/Guardian

2. Incomplete application will be rejected without any intimation

FOR OFFICE USE ONLY

Fee of Rs. _____ is received vide Receipt No._____ Dt.____

Admit the candidate to I. B.D.S. Class during the year _____

Accountant Incharge

Principal S.D.M. College of Dental Sciences & Hospital, Sattur-Dharwad

(4)