

# Maitri College of Dentistry & Research Centre

Application for Admission to BDS/MDS

(Approved by Dental Council of India, New Delhi)

G.E. Road, Anjora, Durg (C.G.) Email:-mcdrcmcn@gmail.com

Ph: 0788-2623355/57, Fax : 0788-2623356

Date: \_\_\_/\_\_\_/\_\_\_

Registration No.:

1	<b>Name of the Applicant</b> (In block letters) as per 10th std. mark sheet				
2	<b>Father's/Gaurdian Name</b>				
	<b>Mother's Name :</b>				
3	<b>Address for Correspondence</b> (In block letters)				
4	<b>Permanent Address</b> (In block Letters)				
5	<b>Phone no. with STD code</b>				
6	<b>Nationality &amp; Religion</b>				
7	<b>E-mail ID</b>				
8	<b>Whether you belong to SC/ST/OBC</b> (Spicify casts)				
9	<b>Sex</b>				
10	<b>Aadhar Card No.</b>				
11	<b>Date of Birth</b>				
12	<b>Details of Qualifying Examinations Passed</b>				
	Examination	Name of University/Board	Year of Passing	Optional Subjects (Science Subject)	Marks in Science Subjects Marks Obtained and Max. Marks
1	Pre University or Intermediate Examination (10+2 years course)			Physics	
				Chemistry	
				Biology	
				Total obt. marks & %	
				Overall %	
2	B.D.S.			Overall %	
13	<b>Annual Income of Parent</b>				

14	<b>Name and Address of Institution last studied</b>				
15	<b>Institution at which the applicant studied during the last five years</b>				
	<b>Sl. No.</b>	<b>Institution</b>	<b>State</b>	<b>Year</b>	<b>Class</b>
	1				
	2				
	3				
	4				
	5				
16	<b>Whether you have appeared for Common Entrance Test : Yes/No</b>				

**DECLARATION BY THE CANDIDATE**

I hereby declare that the information given above is true and correct, and I further declare that I shall abide by the rules and regulations of the College and the University.

**Signature of Parent/Guardian**

**Signature of the Applicant**

A copy of the application for should be sent to the overseeing committee at the following address:

**The Principal**  
**Maitri College of Dentistry and Research Centre**  
**G.E. Road, Anjora, Durg**  
**Chhattisgarh - 491001**

**INSTRUCTIONS TO APPLICANTS**

1	This application along with one set of photo copies of marks sheets of X, XII & Transfer Certificate and two passport size photos should be sent to the Principal, Maitri College of Dentistry and Research Centre, G.E. Road, Anjora, Durg (C.G.) - 491001.
2	Candidates securing less than 50 percent marks in aggregate in Physics, Chemistry, Biology and English in the qualifying examination are not eligible for admission.
3	In future correspondance, candidate are requested to mention their Registration number.
4	All Correspondence would be addressed to the Principal, Maitri College of Dentistry and Research Centre, G.E. Road, Anjora, Durg (C.G.) - 491001
5	Local address is to be informed as and when changed.

**Maitri College of Dentistry and Research Centre**  
**Anjora, Durg (C.G.)**

Name of Student :.....

Father's Name :.....

**Original Documents Submitted**

1. 10<sup>th</sup> and 12<sup>th</sup> standard mark sheet.
2. NEET Examination Result/Admit Card Copy.
3. Conduct Certificate
4. Transfer Certificate
5. Domicile Certificate
6. Gap Certificate (If required)
7. Caste Certificate
8. Migration Certificate
9. Aadhar Card Photocopy
9. Passport Size Photographs-6 copies

**Signature of Candidate**

**For, MCDRC**

# Maitri College of Dentistry & Research Centre

G.E. Road, Anjora, Durg (C.G.) Ph. 0788-2623355, 2623357,

## Students Details

Affix  
Photograph

Name : \_\_\_\_\_

Course : BDS/MDS

Batch :

Blood group : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Category (General/ST/SC/OBC/Others) : \_\_\_\_\_

Class 12/BDS%: \_\_\_\_\_

Sex (Male/Female) : \_\_\_\_\_

Father/Mother Name : \_\_\_\_\_

Present Address : \_\_\_\_\_

\_\_\_\_\_

Contact Number : \_\_\_\_\_

Present Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Number : \_\_\_\_\_

Local Guardian Address : : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Number : \_\_\_\_\_

Hostel Room No. : \_\_\_\_\_

In case of Emergency kindly contact : \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian

Signature of the Applicant

**Maitri College of Dentistry & Research Centre**  
G.E. Road, Anjora, Durg (C.G.) Ph. 0788-2623355, 2623357,

Date : / /

**Undertaking**

To,

The Principal  
Maitri College of Dentistry and Research Centre  
Anjora, Durg (C.G.)

Sir,

Full Name of Student : \_\_\_\_\_

Course : \_\_\_\_\_ Date of Admission : \_\_\_\_\_

Father/Mother Name : \_\_\_\_\_

**Undertaking by Student:**

I am aware of the institution's approach towards raging and the punishment to which shall be able to me if found guilty of raging.

.....  
(Signature of Student)

Place :

<b>Permanent Address of Student</b>	<b>Local Address of Student</b>
Telephone/Mob. No.:	Telephone/Mob. No. :

Signature of Parent/Guardian

Signature of the Applicant