



# Dayananda Sagar College of Dental Sciences Estd : 1991

(Recognised by Dental Council of India, Affiliated to RGUHS, Karnataka)

Shavige Malleshwara Hills, Kumaraswamy Layout, Bangalore - 560 078

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## MDS ADMISSION FORM

(TO BE FILLED IN BLOCK LETTERS)

Academic year :20 - 20

Sl. No.	Particulars				
I	<b>Candidate details</b>				
	Name :		Age:	Gender:	
	Date of Birth:		Nationality:		
	State Belonging to:		Mother Tongue:	Blood Group:	
	Aadhaar No:		PAN No:		
	Contact Details	Land Line No:		Mobile No:	WhatsApp No:
		E-mail Id:			
	Address	Local Address		Permanent Address	
	II	<b>Admission Details</b>			
Details of NEET					
Registration No:		Rank:	Marks:	Percentile	
KEA Rank (if Applicable):					
Admission Order No:		Category (GM, SC,ST, etc):			
Date of Admission:		Admitted Quota (Govt/ open/ Private/ Management):			

	Details of the reservation quota under which candidate is admitted (If Applicable)	Religion:	Caste:	Sub Caste:
<b>III</b>	<b>Parents details</b>			
		Father	Mother	
	Name			
	Mobile No			
	WhatsApp No.			
	Email Id			
	PAN NO(in case candidates PAN No is not given)			
	Aadhaar Number			
<b>IV</b>	<b>Details of Local Guardian</b>			
	Name:	Mobile No/WhatsApp No:	Address:	
<b>Declaration</b>				
<p>I ..... Son/ Daughter of.....</p> <p>..... hereby declare that the above given information is true to the best of my knowledge. I understand that my admission is provisional, pending final approval from the university. I will abide by the rules and regulations of the Institution and will not directly or indirectly indulge in any activity that Jeopardizes the sanctity of the college including <b>Ragging</b>.</p>				
Signature of the Candidate			Signature of the Parent/Guardian	

**Principal**