



**MAHATMA GANDHI
POSTGRADUATE INSTITUTE OF DENTAL SCIENCES
GOVT. OF PUDUCHERRY INSTITUTION
PONDICHERRY - 605 006**

(Ph. No. (0413)-2279601 to 606 & 2278124, 2278125, Fax : 2278124)

**APPLICATION FORM FOR INTERNSHIP
YEAR – 2018-19**

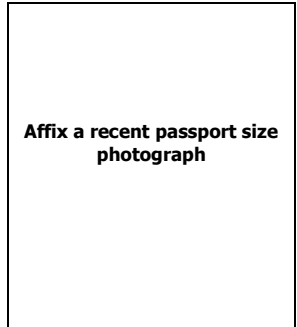
(Forms to be filled in by candidate in his/her own hand writing in Block letters)

1. Name of the Applicant : _____
(IN BLOCK LETTERS)
2. Father's / Husband's name : _____
3. Address for Correspondence : _____

4. Email I.D. : _____
5. Phone No. : _____
Mobile No. : _____
6. Date of Birth : Date _____ Month _____ Year _____
7. Name & Address of the Institute/ : _____
College/from where doing BDS _____

8. Name of University with Address : _____

9. Whether the College/Institute was derecognized during the study. (Please mark \surd) : Yes/No



10. Details of Final BDS Examination Passed

Paper No.	Subject Name	Max Marks	Marks obtained	% of marks	No. of extra attempt
I					
II					
III					
IV					
V					
VI					
VII					
VIII					
Total %					

UNDERTAKING

I, solemnly declare that the statements made by me in this form are true and correct to the best of my knowledge and belief. If at any stage, it is found that facts have been concealed or misrepresented by me, my candidature for internship may be treated as cancelled.

Place : _____ **Signature of the Candidate:** _____

Date : _____ **Name in block letter :** (_____)