



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

No.

NRI / NRI SPONSORED STUDENTS

**APPLICATION FORM FOR ADMISSION TO P.G. COURSE (MDS)
ACADEMIC SESSION 2017-2018**

Affix a passport
size photograph
with date and
name

Note :

- i. Please read the Information Brochure carefully before filling this form.
- ii. Last date for submission of filled in application : 28.02.2017 (by 5.30 p.m).
- iii. Fill up all columns in block letters.

1. Name :
2. Date of Birth :

Day		Month		Year		
3. Sex : Male / Female
4. Nationality :
5. Religion :
6. Community :
7. Name of Parent / Guardian & Relationship with Phone No. & e-mail ID :
8. Name of the local Guardian who will be responsible for your study and stay in India :
- 9.(a) Permanent Address :
- 9.(b) Address for Communication (in India) :
- 9(c) Contact Phone No. in India & e-mail ID :
10. Name & Address of the NRI who sponsors your name:
11. Name of the University and year of Passing BDS :
Degree or equivalent (**Enclose copy of the BDS Degree or Provisional Pass Certificate**)
12. Date of Completion of Internship :

P.T.O

13. NEET-MDS 2017 Mark / Rank :

14. Details of other educational qualification, if any :

DECLARATION BY THE APPLICANT

I hereby solemnly affirm that the statements made and information furnished in the application form and the enclosures thereto submitted by me are true and no relevant fact is willfully suppressed and false information provided. I shall not take part / shall not be involved in any form of ragging. I shall abide by the rules and regulations of Mahatma Gandhi Postgraduate Institute of Dental Sciences, Pondicherry. I will not demand emoluments from MGPGI during the Postgraduate (MDS) Course.

Place:

Date: *Signature of Applicant*

**UNDERTAKING BY THE PARENT / GUARDIAN IN THE CASE OF
NRI / NRI SPONSORED STUDENTS**

I _____ Parent / Guardian of _____ hereby solemnly affirm that I shall be fully responsible for the study, conduct and financial assistance of my son / daughter / ward and I shall abide by the terms and conditions of the Mahatma Gandhi Postgraduate Institute of Dental Sciences, Pondicherry. If my son / daughter / ward fails to join the course or discontinues the course **at any time, the fees once paid shall not be claimed and he / she will get their certificates back, only after paying the fees for the remaining part of the course**

Place:

Date: *Signature of Parent / Guardian*

Name & Address of Signatory :

**UNDERTAKING BY THE SPONSOR IN THE CASE OF NRI
(OTHER THAN RELATIVES)**

I hereby solemnly affirm that Thiru / Selvi. _____ is sponsored by me and I shall be fully responsible for his / her study and conduct and I shall abide by the terms and conditions of the Mahatma Gandhi Postgraduate Institute of Dental Sciences, Pondicherry. If he / she fails to join the course or discontinues the course **at any time, the fees once paid shall not be claimed and he / she will get their certificates back, only after paying the fees for the remaining part of the course**

Place :

Date :

Signature of the Sponsor

Name & Address of the Sponsor :

Note : The relevant undertaking should be executed as applicable.