



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

No.

APPLICATION FORM FOR ADMISSION TO BDS COURSE – SESSION 2009-2010  
(NRI / NRI Sponsored / Foreign Students)

Note :

- i. Please read the Information Brochure carefully before filling this form.
- ii. Last date for submission of filled in application : 24<sup>th</sup> June 2009 (by 5.00 p.m.).

Affix a  
photograph here  
duly attested by  
a Gazetted  
officer / Head  
of the  
Institution last  
attended

1. Name ( IN BLOCK LETTERS) :
2. Date of Birth :
3. Sex :
4. Nationality :
5. Religion :
6. Community :
7. Name of Parent / Guardian & Relationship :
8. Name of the local Guardian & Relationship who will  
be responsible for your study and stay in India :
- 9.(a) Permanent Address :
- 9.(b) Address for Communication (in India) :  
and Telephone / Mobile Nos. :
10. Name & Address of the NRI who sponsors your name :
11. If Foreign National, whether obtained valid visa from  
competent authority for under going BDS course in :  
India (produce copy of the visa) and also mention the  
Passport Number :
12. Name of the School and year of Passing the Higher  
Secondary Exam (Academic) (Enclose attested copy :  
of the Mark List)

**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, Puducherry.

Place:

Date:

*Signature of Applicant*

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

I \_\_\_\_\_ son / daughter / ward 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, Puducherry and undertaking / declaration given by the applicant.

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, Puducherry.

Place :

Date :

*Signature of the Sponsor*

Name & Address of the Sponsor :

Note : The relevant undertaking should be executed as applicable.