



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

No.

APPLICATION FORM FOR ADMISSION TO BDS COURSE – SESSION 2017-2018
(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 : 30.06.2017 (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. / E-mail
10. Name & Address of the NRI who sponsors your name :
11. If Overseas Indian Citizen /Foreign National shall :
obtain valid visa from competent authority for
undergoing 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)
13. NEET -2017 U.G.Score / Rank (Enclose attested copy):

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.