

HAZARIBAG COLLEGE OF DENTAL SCIENCES & HOSPITAL

DEMOTAND, HAZARIBAG - 825301 (JHARKHAND)



Self attested
Photograph

To
The Principal
Hazaribag College of Dental Sciences & Hospital
Demotand, Hazaribag (Jharkhand)

1. Full Name of applicant (in Block Letters)_____.
2. (a) Date of Birth _____ Day _____ Month _____ Year _____
3. (a) Name of Father and / or Mother _____
(b) Father's/ Mother's Occupation _____
4. (a) Guardian's Name (If other than parents) _____
(b) Relationship with Guardian _____
(c) Guardian's Occupation _____
5. Correspondence Address _____

State _____ Pin _____ Phone No./Mobile No. _____
6. Permanent Address _____

State _____ Pin _____ Phone No./Mobile No. _____
7. Local guardian at Hazaribag If any with address _____
_____ Pin _____ Phone No./Mobile No. _____
8. Annual income of parent/ Guardian _____
9. Sex _____ Religion _____ Nationality _____
10. Do you belong to (Tick which is applicable)
A. (a) Scheduled Caste _____ (b) Scheduled Tribe _____
(Enclose certificate from authority empowered)
11. Extra Curricular Activities, if any _____
Enclose certificate)

12. Name and Address of two responsible persons who know your character :

(i) _____

(ii) _____

13. Name of State you belong to : _____.

14. Educational Qualification :

(a) Name of the qualifying examination _____.

(b) Last Examination passed _____.

(c) Details of Examination passed _____.

Examination	Name of University or Board & Year of Passing	Division	Subject	Max Marks	Marks Obtained	Total Marks
(a) Class X or equivalent Examination						
Intermediate Science or equivalent examination			Physics			
			Chemistry			
			Biology			
			English			
(c) B.Sc./Others						

15. Name of the School/ College where last studied with year.

16. Registration No. of Board/University where last studied .

(a) Name of the Board/University _____

(b) Regd. No. & Year _____

17. No. of enclosures. (i) _____

(List of enclosures attached) (ii) _____

(iii) _____

Full signature of the candidate

HAZARIBAG COLLEGE OF DENTAL SCIENCES & HOSPITAL

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(MEDICAL CETIFICATE)

1. The student is not suffering from any infectious disease like tuberculosis, Leprosy etc.
2. Eye-The eyesight should be corrected by glasses to give an acuity of vision of at least 6/12
3. Ear- He/She should have necessary acuity of hearing with the stethoscope and should not be completely deaf.
4. Legs and hands - He/ She should not have complete deformity of Legs and Hands, So as to interfere with standing and working during surgical works.

I have examined Mr./Mrs. _____
daughter/wife of _____ today on _____
and certify that Mr. /Miss/Mrs. _____ is quite fit
for admission in HAZARIBAG COLLEGE OF DENTAL SCIENCES & HOSPITAL

Signature of Medical Officer

FULL NAME _____

Registration No. _____

Designation _____

Date _____

Place _____

DECLARATION BY THE CANDIDATE

I..... hereby declare that have filled up this application form myself and to the best of my knowledge and belief the above particulars are true and correct. I have filled up this application after reading all the instructions in the prospectus carefully, I am liable to be punished by expulsion from the Institute or any legal action may also be instituted against me for furnishing false information.

I undertake that so long as I am a student of the Institute / College. I will do nothing unworthy of a student either inside or outside of the institute or anything that will interfere with its working and discipline. I am aware that the management / Principal has full right to take any action against me including expulsion if my conduct is found unsatisfactory.

Place

Date

Signature of the Applicant

DECLARATION BY THE PARENT / GUARDIAN

I fully endorse the declaration made above by the candidate. Besides, I hereby declare that I have known the financial obligation and I can afford to pay all the costs mentioned in the prospectus. I guarantee the good conduct and behaviour of my ward during the tenure of the candidate's period of studentship in the institute.

Place

Date

Signature of Parent / Guardian

FOR OFFICE USE ONLY

Application No.

Admission Incharge

Order of thePrincipal

.....

ACKNOWLEDGEMENT

Application No.

Received an Application from Mr. / Miss / Mrs.

for admission to first yr. BDS Course Session 2010 - 2011 on

Receiving Officer



ADMIT CARD

HAZARIBAG COLLEGE OF DENTAL SCIENCES & HOSPITAL

DEMOTAND, HAZARIBAG - 825301 (JHARKHAND)



Full Name :

Father's / Guardian's Name :

Correspondence Address :

.....

.....

Identification Ma

Signature of the Candidate

(For OFFICE USE ONLY)

ROLL

Date.....

Time.....

Examination Controller



ADMIT CARD

HAZARIBAG COLLEGE OF DENTAL SCIENCES & HOSPITAL

DEMOTAND, HAZARIBAG - 825301 (JHARKHAND)



Full Name :

Father's / Guardian's Name :

Correspondence Address :

.....

.....

Identification Ma

Signature of the Candidate

(For OFFICE USE ONLY)

ROLL

Date.....

Time.....

Examination Controller