



M.S.RAMAIAH DENTAL COLLEGE

M.S.R.I.T Post, M.S.R Nagar Bangalore-560 054

Ph.No.23602079/1874 Fax 23601825 e-mail: msrdentalcollege@yahoo.com

Website: www.msrdc.ac.in

Application form for selection of Post-Graduate Courses in MDS under
Management quota (NRI/ Institutional Preference-IP) for the
Academic year 2012-2013

Latest Passport
Size Photograph

Instructions to fill application

1. Fill up the application form in capital letters
2. Late or incomplete application will not be entertained
3. Last Date for Submission 10.05.2012

1.	Name of the Applicant As per Final BDS Marks card (In Block letters)\	
2.	Father's Name	
3.	Nationality	Father : Mother : Applicant :
4.	Address for Correspondence (in Block Letters)	
	Phone No. with STD CODE:	Land Line No : Applicant Mobile. No: Parent Mobile No
5.	Subject Applied for (Specify the subject in order of preference)	1) 2) 3) 4)
6.	Date of Birth	SEX :
7.	Place of Birth, Town & State	
8.	Year of Joining B.D.S.	
9.	a. Year of Completion of Final Year BDS	
	b. Date of completion of One Year Internship.(eligible if completing internship before 30.4.2012)	

10.	Name of the College, Place & University			
11.	Whether the College is recognized by D.C.I.	Yes / No. (Enclose Certificate / Letter)		
12.	Entrance Examination Details	Entrance Exam	Score	Rank
		COMEDK		
		CET		
13.	Professional Experience if any:			
	Employer	Period	Post Held	
14.	Research Experience if any			
15.	Marital Status			
16.	References with contact no:	1		
		2		

Academic Record

Examination passed	No. of Attempts	Maximum Marks	Marks Obtained	Years of Passing	Percentage of Marks
First Year B.D.S					
Second Year B.D.S.					
Third Year B.D.S.					
Final Year B.D.S. (Part I)					
Final Year B.D.S. (Part II)					

Marks obtained in University Exam

	Subjects Studied	Max. Marks		Marks Obtained		Percentage of Marks	
		Theory	Practical	Theory	Practical	Theory	Practical
i)	OMDR						
ii)	PHD						
iii)	PROSTHODONTICS						
iv)	PERIODONTICS						
v)	OMFS						
vi)	PEDODONTICS						
vii)	ORTHODONTICS						
viii)	ORAL PATHOLOGY						
ix)	CONSERVATIVE & ENDO						

DECLARATION BY THE CANDIDATE

I hereby declare that the information given above is true and correct and I further declare that I shall abide by the rules and regulations of the College, Hostel and the University.

Signature of Parent / Guardian

Signature of the Candidate

Date:

Date:.....

INSTRUCTIONS TO APPLICANTS

1. Candidates should have completed or completing rotatory internship on or before 30th April of the academic year.
2. **Applicants have to produce eligibility certificate at the time of admission.** However, they have to apply before closing date to the **Registrar, Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore 560 041 (Ph.No.080-26558181 / 26558282 website: www.rguhs.ac.in)** along -with prescribed fees by demand draft drawn in favour of **Registrar, Rajiv Gandhi University of Health Sciences, Payable at Bangalore** and enclose the Photocopy copy of the application and demand draft as proof for having applied for issue of Eligibility Certificate.(This is not applicable for Rajiv Gandhi University of Health Sciences Students).
3. All the correspondence pertaining to the college should be addressed to the **REGISTRAR - Academics, M.S.Ramaiah Dental College & Hospital, Bangalore -54, Karnataka**