

**NATIONAL DENTAL COLLEGE AND HOSPITAL**

Gulabgarh, Dera Bassi, Distt S.A.S. Nagar, Mohali (Pb.)

**MDS COURSES  
(PERIODONTICS/ORAL & MAXILLOFACIAL  
SURGERY/PAEDIATRIC & PREVENTIVE DENTISTRY/  
CONSERVATIVE DENTISTRY & ENDODONTICS)**Latest  
Photograph**ADMISSION APPLICATION FORM**

Please read Prospectus carefully before filling this form.

Please tick (✓) the appropriate box.

Demand Draft of Rs. 1500/- payable at Dera Bassi  
in favour of National Dental College & Hospital.1. PGET-2012 Marks  2. PGET 2012 Roll No. 3. Name of MDS Course Cons. D  O.S.  Perio  Pedo 

4. Name \_\_\_\_\_

5. Father's Name \_\_\_\_\_

6. Permanent Address \_\_\_\_\_

\_\_\_\_\_ Pin Code 

Contact No. \_\_\_\_\_ E-mail \_\_\_\_\_

7. Postal Address \_\_\_\_\_

\_\_\_\_\_ Pin Code 8. Date of Birth DD  MM  YY 9. Claimed Category Gen Cat.  ST  SC BC  Any Other

10. Academic Details (BDS)

Examinations	Year of Passing	No. of Attempts	Max. Marks	Marks Obtained	Percentage	University
1st Prof.						
2nd Prof.						
3rd Prof.						
4th Prof.						
<b>Total</b>						

11. Details of Internship

Date		Name of the College/Hospital	Whether Hospital is recognised by MCI/DCI
From	To		

12. Details of Previous Post Graduation (if applicable)

- a) Degree with Subject \_\_\_\_\_ b) Institute \_\_\_\_\_
- c) University \_\_\_\_\_ d) Session \_\_\_\_\_
- e) Year of Passing \_\_\_\_\_ f) On Govt. Expenses Yes/No

13. Service Details (For in Service Candidates only)

- a) Type of Service PCMS (Dental)  PDES  Seniority. Merit No.
- b) Present Place of Posting \_\_\_\_\_

c) Service Record

Date		Period			Rural/ Urban	Designation	Place of Posting
From	To	Year	Month	Days			

d) Total Regular Service (if any) (upto 31.03.2012)

Years  Months   Days

Rural

Urban

14. Service Bond (if executed) : a) Name of Service \_\_\_\_\_

b) Amount of Bond \_\_\_\_\_

c) Date of Bond DD   MM   YY

d) Valid Till DD   MM   YY

15. Details of Demand Draft : a) Bank Name & Branch \_\_\_\_\_

b) Draft No. \_\_\_\_\_ c) Date \_\_\_\_\_ / \_\_\_\_\_ 20 \_\_\_\_\_ d) Amount Rs. \_\_\_\_\_

If admitted, I hereby agree, to conform to the rules and regulations in force at present or that may be made hereafter for the administration of the College and undertake that I shall do nothing inside or outside the College that will interfere in the orderly administration and discipline.

I hereby solemnly declare and affirm that I have not applied for admission to the Post Graduate Course in any other Medical Dental College in the Country showing myself as a Resident of any State other than Punjab.

- Male Candidate shall affix their Left Thumb Impression
- Female Candidate shall affix their Right Thumb Impression

Thumb Impression

Signature of the Candidate

Date \_\_\_\_\_

**Check List**  
**(Attach Attested Copies Only)**

Note : Tick relevant box, leave box empty if not applicable

	Candidate	Office
a) Internship Certificate from the Principal of the Institute	<input type="checkbox"/>	<input type="checkbox"/>
b) Detail Marks Certificate of all Profs and BDS Degree	<input type="checkbox"/>	<input type="checkbox"/>
c) Punjab Resident Certificate	<input type="checkbox"/>	<input type="checkbox"/>
d) Service Certificate from Controlling Officer/DHS/DRME	<input type="checkbox"/>	<input type="checkbox"/>
e) Certificate of Mandatory Rural Service	<input type="checkbox"/>	<input type="checkbox"/>
f) No Objection Certificate issued by Competent Authority	<input type="checkbox"/>	<input type="checkbox"/>
g) Matric or Equivalent Certificate for Date of Birth	<input type="checkbox"/>	<input type="checkbox"/>
h) Reserved Category Certificate	<input type="checkbox"/>	<input type="checkbox"/>
l) PGET - 2011 Admit Card	<input type="checkbox"/>	<input type="checkbox"/>
j) Affidavit of not availing benefit of Residence in any other State	<input type="checkbox"/>	<input type="checkbox"/>
k) Affidavit pertaining to Rural Service Benefits if any	<input type="checkbox"/>	<input type="checkbox"/>
l) Good Conduct Certificate by the Principal of the Institution last attended	<input type="checkbox"/>	<input type="checkbox"/>
m) Registration Certificate	<input type="checkbox"/>	<input type="checkbox"/>

**For Office Use Only**

Details of discrepancy, if any \_\_\_\_\_