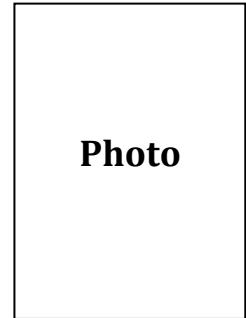


APPLICATION FORM FOR ADMISSION TO DIPLOMA IN DENTAL MECHANIC COURSE

1. Name of the candidate :
(As in the Intermediate/10+2 certificate)
2. Name of the Parent / Guardian :
3. Academic Year :
4. Age & Date of Birth :
5. Nationality, Religion & Caste :
6. Address for Communication :



7. Permanent Address with Phone Number :

8. Academic Record

| Class | Academic Year | Month & Year of Passing | % | Class |
|-------|---------------|-------------------------|---|-------|
| | | | | |
| | | | | |

9. Identification Marks

- a)
- b)

10. Hostel Facility : ()Required ()Not Required ()Vegetarian ()Non-Vegetarian

11. Distance from Residence to College :Kms.

12. Height Record

- a) HeightCms. b) WeightKgs. c) Vision d) Blood Group
- e) Details of any serious illness :

13. Family Background

| Relation | Educational Qualifications | Occupation | Phone No. (including Mobile No.) |
|-----------------|----------------------------|------------|-------------------------------------|
| Father | | | |
| Mother | | | |
| Siblings | | | |

Details of the local guardian (if any) :
16. Extra Curricular Activities :
a) Sports :
b) Cultural :
c) Any others :

DECLARATION BY THE STUDENT

IS/o. D/o. Sri
hereby declare that the information furnished in the application form for admission is true and correct to the best of my knowledge, and that I will abide by the rules and regulations of your college.

Signature of the Parent / Guardian

Signature of the student

Date:

Date:

OFFICE USE ONLY

1. Admission Date :

Admission Number :

2. Certificates Submitted :

- a) S.S.C. : () Yes () No () Not Required
b) Intermediate / 10+2 : () Yes () No () Not Required
c) Study Certificate : () Yes () No () Not Required
d) Transfer Certificate : () Yes () No () Not Required
e) Caste Certificate : () Yes () No () Not Required

3. Payment Details:

D.D. / Challan No. : Date: For Rs.:.....

(In words)

Name of the Bank and Place

Amount Due: Due Date: Student's Reference:

Verified by

Principal