







**(14) Where did you get the information about this program:**

Advertisement  Bank  Website

If other, mention source: \_\_\_\_\_

**(15) Any other information that you think will help us do better assess your performance and potential.**

---

---

---

**(16) (a) Declaration by candidate:**

I hereby declare that the information given by me is correct and to the best of my knowledge & that I have not suppressed any information that is legally liable

Place \_\_\_\_\_ Date \_\_\_\_\_ Signature of the candidate: \_\_\_\_\_

**(b) Declaration by parent / guardian**

I hereby declare that the information given by my son / daughter / ward is true / correct to the best of my knowledge and that no information is suppressed that is legally liable

Place \_\_\_\_\_ Date \_\_\_\_\_ Signature parent / guardian \_\_\_\_\_

# AIPGDET 2012

ALL INDIA POST-GRADUATEDENTAL ENTRANCE TEST – 2012

CONSORTIUM OF SELF FINANCED DENTAL COLLEGES

C/o Ahmedabad Dental College & Hospital Vivekanand Society,  
Bhadaj-Ranchhod Pura Road, Santej Distt: Gandhinagar. Gujarat - 382115

**RECEIPT**  
**OFFICE COPY**

Note: Candidate should fill both the copies of this form. The copy marked "Candidate's Copy" will be given to the candidate as receipt for payment of Entrance Test Fee.

Name and Address of the Candidate

Application Number

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Particulars of the Demand Draft:

Name of the Bank \_\_\_\_\_ DD No. \_\_\_\_\_

Issuing Branch \_\_\_\_\_ Date. \_\_\_\_\_

Amount Rs. \_\_\_\_\_

Received the Entrance Test fee by cash / DD. as mentioned above.

**Date:**

**Signature of Accounts Clerk/Cashier**

---

# AIPGDET 2012

ALL INDIA POST-GRADUATEDENTAL ENTRANCE TEST – 2012

CONSORTIUM OF SELF FINANCED DENTAL COLLEGES

C/o Ahmedabad Dental College & Hospital Vivekanand Society,  
Bhadaj-Ranchhod Pura Road, Santej Distt: Gandhinagar. Gujarat - 382115

**RECEIPT**  
**CANDIDATE'S COPY**

Note: Candidate should fill both the copies of this form. The copy marked "Candidate's Copy" will be given to the candidate as receipt for payment of Entrance Test Fee.

Name and Address of the Candidate

Application Number

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Particulars of the Demand Draft:

Name of the Bank \_\_\_\_\_ DD No. \_\_\_\_\_

Issuing Branch \_\_\_\_\_ Date. \_\_\_\_\_

Amount Rs. \_\_\_\_\_

Received the Entrance Test fee by cash / DD. as mentioned above.

**Date:**

**Signature of Accounts Clerk/Cashier**

# AIPGDET 2012

ALL INDIA POST-GRADUATEDENTAL ENTRANCE TEST – 2012  
CONSORTIUM OF SELF FINANCED DENTAL COLLEGES  
C/o Ahmedabad Dental College & Hospital Vivekanand Society,  
Bhadaj-Ranchhod Pura Road, Santej Distt: Gandhinagar. Gujarat - 382115

## HALL TICKET

Date of Entrance Test: 05/02/2012

Time: 11:00 am to 2:00 pm

Name and Address of the Candidate

Application No.

Name and Address of the Entrance Test Centre  
(To be filled in by the Office)

Hall Ticket No.

Candidate's Signature

Coordinator  
AIPGDET 2012

Paste your recent  
photograph

Sign on the photograph

\*\*\* To be signed in the presence of the invigilator in Examination Hall

\*\* Come with your own Pen / Pencils (H.B.) Sharpener & Rubber

\* Use of Calculator, cellular phones and any other Electronic gadgets are strictly prohibited in the examination hall.

---