



COORG INSTITUTE OF DENTAL SCIENCES

Virajpet, Coorg, Karnataka.

ADMISSION APPLICATION FORM

B.D.S. COURSE

- Sl. No.....
Year of Admission.....
Category/ Group.....
1. Name of the Candidate
 - Sex M..... F..... Date of Birth
 2. Father's Name & Profession.....
 3. Mother's Name.....
 4. Permanent Address.....
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..... Pin..... Ph. No.....
 5. Local Address.....
(Local Guardian if any)
..... Pin..... Ph. No.....
 6. Basic Qualification Obtained.....
for Admission /No. of Attempts.....
 7. Name of the University
 8. Total Marks Obtained & Percentage
 9. Percentage of Marks in Science Group.....
 10. Extra Curricular Activities.....
(If any i.e., Sports/NCC etc)
- (Attach Photostat copies of required certificates)

DECLARATION

We declare that the above particulars are true to the best of our knowledge and we promise to abide by the rules and regulations of the Institute. We promise to maintain discipline in the best interest of ourselves and the institution.

Signature of the Parent/ Guardian

Signature of the Candidate

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Office Use

The above candidate..... is admitted to the B.D.S. Course for the
..... session.

Date.....

Dr. Sunil Muddaiah
managing Trustee