

B.D.S COURSE



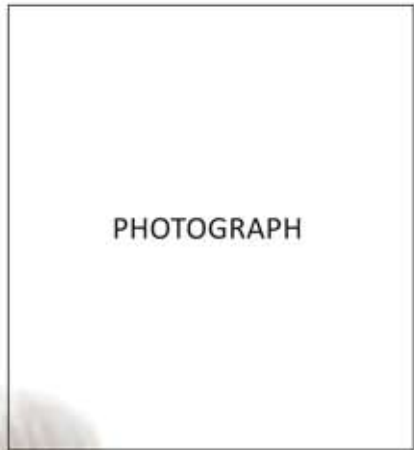
BUDDHA INSTITUTE OF DENTAL SCIENCES & HOSPITAL

(Sponsored by Gautam International Pratisthan)

WEST OF T.V. TOWER, GANDHI NAGAR, KANKARBAGH, PATNA - 800 020 (BIHAR) (INDIA)

(Affiliated to Magadh University, Bodh Gaya (Bihar) and Recognised by Dental Council of India)

To,
The Principal
Buddha Institute of Dental Sciences & Hospital
Gandhi Nagar, Kankarbagh,
Patna - 800 020 (Bihar)



1. Full Name of applicant (In Block Letters)
(As recorded in 10th Certificate)
2. Date of Birth Day Month Year
(As recorded in 10th Certificate)
3. (a) Full Name of Father (As recorded in 10th Certificate)
(b) Full Name of Mother
(c) Father's Occupation
4. (a) Guardian's Name
(in case Father & Mother are not alive)
(b) Relationship with Guardian
(c) Guardian's Occupation
5. Correspondence Address
State Pin :
Phone No. : Mobile: email :
6. Permanent Address
State Pin :
Phone No. : Mobile: email :
7. Local Address at Patna (Compulsory for students residing outside Patna)
State Pin
Phone No. Mobile email
8. Annual income of Parent/Guardian
9. Sex Religion Nationality

10. Do you belong to (Tick which is applicable)

- (a) General/OBC (b) General PH : (c) Schedule Caste
 (d) Scheduled Tribe (e) Buddhist (f) Any other Minority Group

(Enclose certificate from authority empowered)

11. Extra Curricular Activities, if any

(Enclose certificate)

12. Name & address of two responsible persons who know your characters :

- (i)
 (ii)

13. Name of state your belong to

14. Educational qualification :

- (a) Name of the qualifying examination.....
 (b) Last Examination passed
 (c) Details of Examination passed

Examination	Name of University or Board & Year of Passing	Division	Subject	Max.Marks	Max. Obtained	Total Marks
(a) Matriculation or equivalent Examination						
(b) Intermediate Science or Equivalent Examination (with Biology & English)			Physics			
			Chemistry			
			Biology			
			English			
(c) B.Sc./ Others						

15. Name of the School / College where last studied with year.

16. Registration No. of Board / University where last studied.

- (a) Name of the Board / University.....
 (b) Regd. No. & Year

17. Details of the NEET (National Eligibility Cum Entrance Test)

- (a) Centre from where appear :
 (b) Admit Card No / Roll No. :
 (c) Total marks obtained : Full marks of the Exam.
 (d) Marks in percentage / Percentile :
 (e) Session (Year in which NEETS Given) :
 (f) Catogary : G G-PH OBC/SC/ST/PH

18. No. of enclosures attached (i)

(List of enclosures attached) (ii)

(iii)

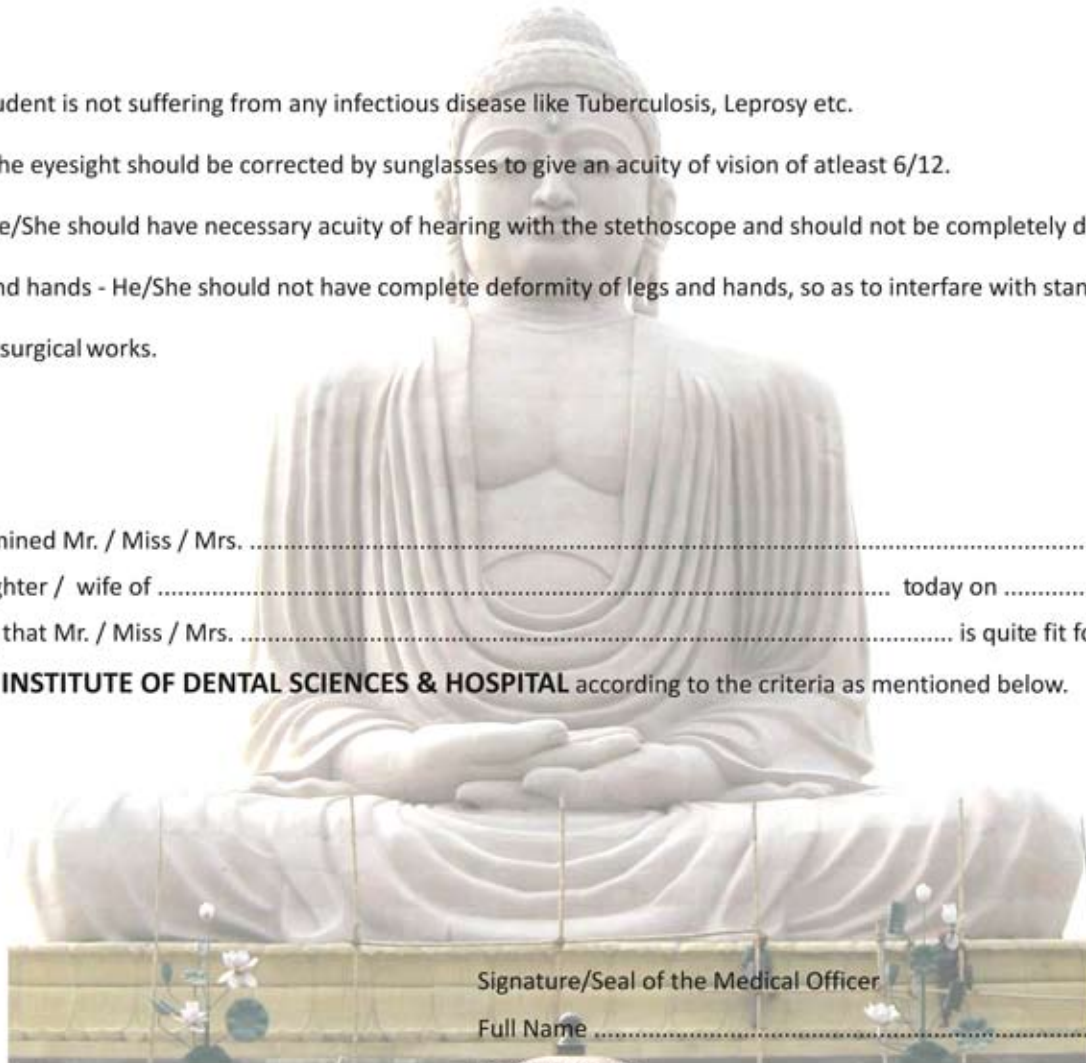
(iv)

(v)

MEDICAL CERTIFICATE OF FITNESS OF A CANDIDATE SEEKING ADMISSION IN THE BUDDHA INSTITUTE OF DENTAL SCIENCES & HOSPITAL

1. The student is not suffering from any infectious disease like Tuberculosis, Leprosy etc.
2. Eye - The eyesight should be corrected by sunglasses to give an acuity of vision of atleast 6/12.
3. Ear - He/She should have necessary acuity of hearing with the stethoscope and should not be completely deaf.
4. Legs and hands - He/She should not have complete deformity of legs and hands, so as to interfere with standing and working during surgical works.

I have examined Mr. / Miss / Mrs.
Son / daughter / wife of today on
and certify that Mr. / Miss / Mrs. is quite fit for admission in
BUDDHA INSTITUTE OF DENTAL SCIENCES & HOSPITAL according to the criteria as mentioned below.



Signature/Seal of the Medical Officer
Full Name
Date Registration No.
Place..... Designation

I, hereby declare that have filled up this application form myself and to the best of my knowledge and belief the above particulars are true and correct. I have filled up this application after reading all the instructions in the prospectus carefully, I am liable to be punished by expulsion from the institute or any legal action may also be instituted against me for furnishing false information.

I, undertake that so long as I am a student of the Institute/College, I will do nothing unworthy of a student either inside of outside of the institute or any thing that will interfere with its working and discipline. I am aware that the Management/Principal has full right to take any action against me including expulsion if my conduct found unsatisfactory.

Place.....

Date.....

Signature of the Applicant

DECLARATION BY THE PARENT / GUARDIAN

I fully endorse the declaration made above by the Candidate. Besides, I hereby declare that I have known the financial obligation and I can afford to pay all the costs mentioned in the prospectus. I guarantee the good conduct and behaviour of my ward during the tenure of the candidate's period of studentship in the institute.

Place.....

Date.....

Signature of the Parent/Guardian

FOR OFFICE USE ONLY

Application No.

Admission Incharge

Order of the Principal

ACKNOWLEDGEMENT

Application No.

Received an application from Mr./Miss/Mrs.

For Admission to 1st Yr. B.D.S. Course Session.....on

Receiving Officer

ANTI-RAGGING DECLARATION

UNDERTAKING BY THE CANDIDATE/STUDENT

1. I,.....S/o. D/o of Mr./Mrs./Ms.....carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble supreme Court and the Central/State Government in this regard.
2. I have received a copy of the DCI Regulations on Curbing the Menace of Ragging in Dental Colleges, 2009, and have carefully gone through it.
3. I hereby undertake that
 - I will not indulge in any behavior or act that may come under the definition of ragging,
 - I will not participate in or abet or propagate ragging in any form,
 - I will not hurt anyone physically or psychologically or cause any other harm.
4. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provision of the DCI Regulations mentioned above and / or as per the law in force.
5. I hereby affirm that I have not been expelled or debarred from admission by any institution.
Signed thisday of.....month ofyear

Name :

Address :

Signature :

UNDERTAKING BY THE PARENT/GUARDIAN

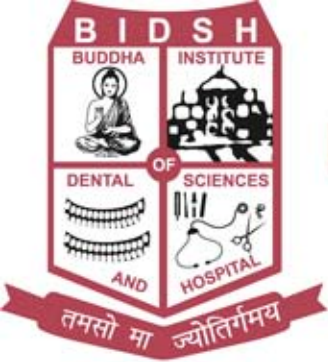
1. I,.....F/o. M/o G/O.....have carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble supreme Court and the Central/State Government in this regard as well as the DCI Regulations on Curbing the Menace of Ragging in Dental Colleges, 2009.
2. I assure that my son/daughter/ward will not indulge in any act of ragging.
3. I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the DCI Regulations mentioned above and / or as per the law in force.

Signed this.....day ofmonth ofyear.

Name :

Address :

Signature :



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WEST OF T.V. TOWER, GANDHI NAGAR, KANKARBAGH,
PATNA - 800 020 (BIHAR) (INDIA)

PHOTOGRAPH

Name :.....

Father' Name:.....

Mother's name.....

Correspondence Address.....

Local Address:.....

Phone No..... Mobile:.....

Signature of the Candidate

Signature of the Local Guardian

Signature of the Father/Mother