

ADDRESS FOR CORRESPONDENCE (Including Pin Code).....

PIN CODE:.....

CANDIDATES NUMBER:.....

FAX / E-MAIL :.....

**NAME AND COMPLETE ADDRESS OF SUPPORTING RELATIVE
(For NRI Category Applicant only).....**

RELATIONSHIP TO APPLICANT:.....

TELEPHONE NUMBER WITH COUNTRY AND AREA CODE:.....

FAX/ E-MAIL ID:.....

*Affix recent
Passport size
Photograph*

DECLARATION

I hereby declare that all the particulars stated in this application form are true to the best of my knowledge. I Have read and understood all the provisions of admissions and agree to abide by them. In the event of submission of fraudulent, incorrect or untrue information or suppression or distortion of facts like educational, qualifications ,marks, nationality etc. I understand that my admission/ degree is liable for cancellation and that my admission is purely provisional, subject to the verification of the eligibility conditions.

**Signature and Left Thumb
Impression of Application**

*Affix recent
Passport size
Photograph*

.....
Signature of Parent /Guardian

.....
Signature of Applicant

AWADH DENTAL COLLEGE & HOSPITAL

(A Unit of Manglawati Sewa Sadan Trust)

NH-33, Danga , Bhilapahari , Jamshedpur 831012

Phone: 09470512246, 09471513504



MEDICAL CERTIFICATE

Personal Details Fill in Capital Letter

Application Number

Applicant's Name.....

Father/ Guardian's Name.....

Date of Birth - Sex Blood Group.....Hight (in cm).....Weight (in Kgs.).....

Personal Identification Marks (if any).....

Primary Medical Details

Vaccine Details

Age	Vaccine taken	Start Date	End Date
Stated.....Years.....Months
Apparent..... Years.....Months
Chest Measurement
Stated.....Cm
Full inspiration.....cm
Full Expiration.....cm
General Physique.....
Heart.....
Lung condition.....
Abdominal Viscera.....

Details of any serious disease

.....
.....
.....
.....
.....

I have examined the candidate and do hereby certify that i have not found that she/he has any disease, constitutional affection or physical/mental infirmity except

.....
I do not consider the above to be a disqualification unfitting him/her now or likely to unfit him/her in the future for active outdoor. Life as required in the academic programme applied for

Details of any chronic disease

.....
.....
.....

.....
Signature of the Medical pactioner with Reg.No.

AWADH DENTAL COLLEGE & HOSPITAL



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NH-33, Danga , Bhilapahari , Jamshedpur 831012

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Certificate From Eye Specialist

Course Applied to.....

College Applied For.....

I have examined the eyesight of Mr. / Mrs.....

He / She has no disqualifying defects as shown in "B" except allowable defect as marked at "A"

RIGHT EYE				
	SPH	CYL	AXIS	V/A
D.V				
N.V				

LEFT EYE				
	SPH	CYL	AXIS	V/A
D.V				
N.V				

Eyesight Standard

A-Allowable

1. Myopia or Myopic astigmatism - correcting lens not exceeding 3.5 D. Acuteness of vision after correction (a) 6/9 in one eye and (b)6/6 another.
2. Hypermetropia not exceeding 14D or hypermetropic astigmatism - correcting lens not exceeding 14D. Acuteness of vision after correction 6/9 in one and 5/4 in another

B-Disqualifying

1. Defective vision arising nebula of the cornea or any pathological indication of the deeper structures.
2. Colour blindness (achromatopsia)
3. Paralysis of the exterior muscles of the eye

Date:

.....
Signature of the eye specialist with Registration No.

AWADH DENTAL COLLEGE & HOSPITAL

NH-33, DANGA, BHILAIPHARI, JAMSHEDPUR-831012

BDS Admission /Counseling FORM for Academic Year 20.....-20.....

AS PER THE ORDER OF JHARKHAND GOVT. (MOP-UP round)

Name of the Applicant:.....

Father's/ Guardian Name:.....

NEET(UG)..... Roll no..... D.O.B.....

Category.....Gender.....Nationality.....

Marks obtained in NEET (OUT OF 720).....

Percentile Score.....Overall Rank.....

Category Rank.....

Address(With Pin code)

.....

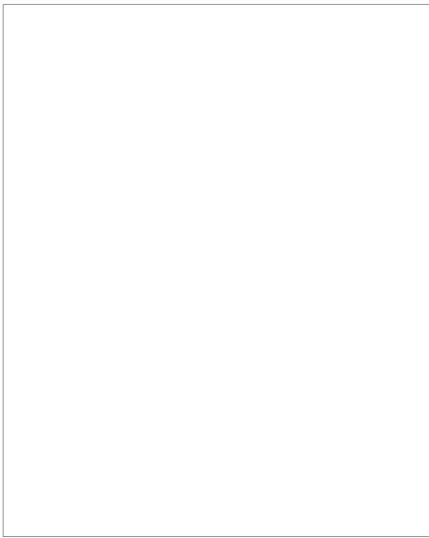
.....

.....Pin.....

Contact No.....Email.....

STUDENT DECLARATION

I here by declare that all the Particulars stated to this application form are true to the best of my knowledge. I have read and understood all the provisions of admission and agree to abide by them. In the event of submission of fraudulent, incorrect or untrue information or suppression or distortion of facts like educational , qualification, marks, nationality etc. I understand that my admission/degree is liable for cancellation and that my admission is purely provisional, subject to the verification of the eligibility conditions.



Signature of Applicant

PARENT DECLARATION.

I F/Mo.....

Have consciously and wilfully accepted to pay the fee fixed by the institution and applied in the prescribed form for admission undergoing the BDS course session

Date:-.....

Signature of Applicant