



Coorg Institute of Dental Sciences

APPLICATION FOR ADMISSION TO UNDERGRADUATE COURSE

1. Name of the Candidate

2. Gender Male Female Date of Birth

3. Father's Name & Profession

4. Mother's Name

5. Permanent Address

Pin Ph. No.

6. Local Address
(Local Guardian if any)

Pin Ph. No.

7. Nationality Caste

8. Name of the college last studied

9. Blood Group

10. Basic Qualification obtained For admission / No. of attempts

11. Name of the University

12. Total Marks obtained & percentage

13. Percentage of marks in Science Group

14. Extra Curricular Activities

(If any i.e., Sports / NCC etc) (Attach Photostat copies off 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.

Office Use

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

Date:

Principal

