



Coorg Institute of Dental Sciences

APPLICATION FOR ADMISSION TO POSTGRADUATE COURSE

1. Name of the Candidate (IN BLOCK LETTERS)

2. Mother's Name

3. Father's Name

4. Spouse's Name

5. Gender  Male  Female

6. Date & Place of Birth

6. Nationality / Caste

7. Native State & District

8. Qualifying Examination

9. College Last Studied

10. University

11. Permanent Dental Registration No. and Name of the State / Central Council where Registered

12. Date of Completion of Compulsory Rotatory Internship

13. P.G. Subject / Category

14. Details of marks in BDS year wise

Course	Year		Max. Marks	Marks Obtained	No. of Attempts
	I Year				
	II Year				
B.D.S.	III Year				
		Part I			
	IV Year				
		Part II			
	Total & Percentage				

17. Full Postal Address with  
Phone No. & STD Code


### 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 / Graduation

Signature of the  
Candidate

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### Office Use

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

Date:.....

PRINCIPAL