



# Nitte University

Declared as Deemed-to-be University under Section 3 of UGC Act, 1956

## Application for MDS Program

Year 2017-18



### A B SHETTY MEMORIAL INSTITUTE OF DENTAL SCIENCES (A constituent unit of Nitte University)

Affix recent  
passport size  
photo

**Please mention your first three preferences**

- SPECIALITY :  ORTHODONTICS  PROSTHODONTICS  CONSERVATIVE  
 PEDODONTICS  PERIODONTICS  ORAL SURGERY  
 ORAL MEDICINE  ORAL PATHOLOGY

Please complete all sections of the form. Read the guidance notes before completing the form

NEET MDS Testing ID: \_\_\_\_\_ PGET No: \_\_\_\_\_

KEA Common Merit : \_\_\_\_\_ NEET Score: \_\_\_\_\_

All India NEET-MDS 2017 Rank: \_\_\_\_\_ Quota Type: \_\_\_\_\_

Category:  OPN (Pvt)  GM (Pvt)  Govt. Seat  NRI  Management

### A. PERSONAL DATA

**Name:**

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\_\_\_\_\_  
Gender (M/F/TG)

\_\_\_\_\_  
Date of birth(dd/mm/yy)

\_\_\_\_\_  
Mother Tongue

\_\_\_\_\_  
Nationality

\_\_\_\_\_  
Country of Permanent Residence

\_\_\_\_\_  
State of Domicile

\_\_\_\_\_  
Do you belong to  
SC/ST/OBC/Category1

\_\_\_\_\_  
Any other caste (specify)

\_\_\_\_\_  
Religion

\_\_\_\_\_  
Father's name

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Annual income

\_\_\_\_\_  
Mother's name

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Annual income

\_\_\_\_\_  
Blood Group

**B. CONTACT DETAILS:**

**Current address for correspondence**

**Permanent address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pin\_\_\_\_\_ Country\_\_\_\_\_

Pin\_\_\_\_\_ Country\_\_\_\_\_

Telephone (with code)

Telephone (with code)

\_\_\_\_\_

\_\_\_\_\_

Father's Mobile Number

Mother's Mobile Number

\_\_\_\_\_

\_\_\_\_\_

Student's Mobile Number

Local Guardian's Mobile Number

\_\_\_\_\_

\_\_\_\_\_

Father's / Mother's Email ID

Student's Email ID

\_\_\_\_\_

\_\_\_\_\_

PAN Number: **(To be filled compulsorily)**

\_\_\_\_\_  
(Father's)

\_\_\_\_\_  
(Mother's)

Aadhaar Card Number of the student: \_\_\_\_\_

**Place of residence - Urban / Rural :** \_\_\_\_\_

**Hostel Required:**  Yes  No

**C. ACADEMIC QUALIFICATION**

Exam Passed	College	University	Year of Passing	Marks		Class
				Maximum	Obtained	
I BDS						
II BDS						
III BDS						
IV BDS						

**Total Marks:**

**Aggregate % :**

**D Practical training undergone other than required for BDS :**

**E DCI Registration number and date:** .....

**F References: 1** .....

2 .....

**G DECLARATION BY THE STUDENT**

I have carefully read the details regarding admission to the MDS course. I declare that the information provided by me in this application is true and correct to the best of my knowledge. Should it be found that the information furnished is untrue in material particulars, I know that I am liable for criminal prosecution and will forego the allotted seat. In all matters regarding my admission to the course, the decision of the College is final and binding. I am also aware that the college will not refund the fees either in full or in part, under any circumstance. If I intend to discontinue the course at any time after joining, I hereby undertake to pay the college fees and dues as applicable for the remaining years of the course. I agree to abide by the rules and regulations of the College that may be framed from time to time. I am aware that any dispute arising out of the admission to the course will be subject to the jurisdiction of the courts of the city of Mangalore or the Honorable High Court of Karnataka.

Place \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant

## H. Declaration by the Parent/ Guardian

(to be signed by the Guardian only if both parents of the applicant are not alive)

I \_\_\_\_\_ hereby affirm that the information provided and enclosures submitted thereto in this application of my son/ daughter/ward \_\_\_\_\_ for admission to the MDS course is true and correct to the best of my knowledge. Should it be found that the information furnished is untrue in material particulars, I know that I am liable for criminal prosecution and he/she will forego the allotted seat. I am aware that in all matters regarding his/her admission to the course, the decision of the College is final and binding. I am also aware that the College will not refund the fee either in full or in part, under any circumstance. If my ward decides to discontinue the course at any time after joining, I hereby undertake to pay the college fees and dues for the balance duration of the course. I am aware that any dispute arising out of the admission to the course will be subject to the jurisdiction of the courts of the city of Mangalore or the Honorable High Court of Karnataka.

Place \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the Parent/Guardian  
(If guardian, mention relationship)

## GUIDANCE NOTES

You should ensure that you have filled in all the required information.

***Please ensure that you have submitted the following documents along with the form.***

### **Attested photocopies of**

- NEET Score Card
- BDS marks cards for all 4 years / degree certificate / internship completion certificate / DCI registration certificate.
- 10<sup>th</sup> standard pass certificate for proof of date of birth.
- Registration fee of Rs 3000/- by DD favoring "Nitte University" payable at Mangalore.
- Proof of NRI status (Passport copy of parent, employment certificate, sponsorship letter).
- Aadhar Card copy of the student.

**The application form with all enclosures should be forwarded to:**

**The Dy. Director (Admin),  
Nitte University,  
University Enclave,  
Medical Sciences Complex  
Deralakatte, Mangalore – 575 018  
Karnataka State, INDIA  
Tel: +91- 824- 2204310 / 2204342 / 2204304  
Website:www.nitte.edu.in | Email:info@nitte.edu.in**