

Application Form No.

M.C.E. Society's

M. A. RANGOONWALA COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE, PUNE.

APPLICATION FORM FOR COLLEGE ENTRANCE TEST 2011

<p>INSTRUCTIONS</p> <ol style="list-style-type: none"> 1. Read all the instructions in the Brochure before Filling up this form. 2. Write with BLACK ball point pen in boxes using English capital letters or English numerals without touching the outline of the box. 3. Do not make any stray marks on this sheet. 4. Do not staple, pin, wrinkle, scribble, tear, wet or fold this sheet. 5. Shade the appropriate circles like this ● Not like this ☒ ☓ ● 	<p style="text-align: center;">gMz</p> <ol style="list-style-type: none"> 1. hmAO^oaE: m[du gra] V Agbē`m_mhVr [aVHmVrb gd`g]MzHmni Oj[plP\$ chnVni`nV. 2. AOmVrb _mhVr Ri: H\$ B\$ Or Aj a(d B\$) Or AmHSS: m_U` (M H\$nc`m`m]nb [Z{ MhH\$ZnA`mHSSaZm[m [e`Z H\$Vm^andr. 3. AOmba BVa) HIRfpr I JmH\$e Z`V. 4. AOmbm [rZ /OmUUr bndyZ` (VgM AO^oH\$UE` mhr aH\$ma{I am] hntUma Zmhr`mVr H\$ni Or `ndr. 5. bnwAgbē`m_mhVr g\$YrM(dVP ● Ag(g\$U^oand{ ☒ ☓ ● Ag(`e Z` {
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<p>1. Name of the Candidate (Write within the boxes)</p> <p>First Name</p> <input type="text"/>	<p>3. Contact Telephone Number</p> <p>STD Code - <input type="text"/> Telephone Number <input type="text"/></p>
<p>Mother's Name</p> <input type="text"/>	<p>4. Date of Birth</p> <p>DATE / MONTH / YEAR</p> <input type="text"/> / <input type="text"/> / <input type="text"/>
<p>Father's / Middle Name</p> <input type="text"/>	<p>4. Percentage of marks obtained at SSC (or equivalent)</p> <input type="text"/> . <input type="text"/> %
<p>Surname / Last Name</p> <input type="text"/>	<p>5. Percentage of marks obtained at HSC (or equivalent)</p> <input type="text"/> . <input type="text"/> %
<p>2. Name & Address of the Institute at HSC (or equivalent)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>6. Percentage of Marks in PCB</p> <p>_____</p> <p>Write the appropriate Alpha-Number in the box (eg. A1 or B2 etc.)</p>
<p>PIN <input type="text"/></p>	<p>7. Sex <input type="checkbox"/> A1. Male <input type="checkbox"/> B2. Female</p> <p>8. Nationality <input type="checkbox"/> A1. Indian <input type="checkbox"/> B2. Foreigner</p>
	<p>9. SSC passed from school situated</p> <input type="checkbox"/> A1. In Maharashtra <input type="checkbox"/> B2. Outside Maharashtra
	<p>10. HSC (or equivalent) passed / appeared from School / Jr. College</p> <input type="checkbox"/> A1. In Maharashtra <input type="checkbox"/> B2. Outside Maharashtra

<p>11. I want to have the question paper in <input type="checkbox"/> English <input type="checkbox"/> Urdu</p> <p>12. Candidate's Name & complete Address (Write with BLACK ball point pen in BLOCK letters within the box only)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PINCODE : <input type="text"/></p>	<p>13. Signature of Candidate (within the Box only)</p> <p>_____</p>
	<p>14. PHOTOGRAPH</p> <p>Paste a 3.5cm x 4.5 cm. size Black & White Photograph only.</p> <p>Photograph must not be larger than this box. Not to be attested</p>

14. Declarations by the candidate

1. I hereby solemnly and sincerely affirm that the statements made and information given by me in the application form is true and correct.
2. I have not concealed any material information, however if any information submitted herein is fraudulent, incorrect, or untrue, I understand that I am liable to
criminal prosecution and I also agree to forgo my seat in Dental college.
Further that the selection and admission to the course is liable to be cancelled.
3. I agree to abide by the Rules and Regulations as contained in the Information Brochure.
4. At present I am not a student of Health Science course any where in Maharashtra.
5. I undertake to submit all the required certificates at the time of my selection during admission process as per the rules, failing which my claim for selection shall not be granted.

Date :

Place :

Signature of the Candidate

15. Declaration by the Parent / Guardian

I have fully read the information furnished by my son / daughter / ward and affirm that it is true and if it is proved that the information is fraudulent, I am liable for criminal prosecution.

Date :

Place :

Signature of Father / Mother / Guardian

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