

M.C.E. Society's

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

MARDC - PGAICET - 2009

1. Name of candidate: 2. Application. No. :

First Name : Dr.

Middle Name :

Surname :

Recent
photograph of
the Candidate
with name
(3.5cm x 4.5 cm)

3. Birth – date (dd/mm/yy)

4. Nationality : Indian Foreigner NRI 5. Sex Male Female

6. Category : Open SC ST VJ NT1 NT2 NT3 OBC

7. Address:

 Pin

Tel. No.

8. Registration : DCI MDC Other State No. _____ Dt.: _____

9. Doing PG Degree / Dip. Any where : Yes No

10. Internship (dd / mm / yyyy) :

From To

11. BDS No. of Attempts Month - Year Marks obtained - Out of Percentage of marks

First year %

Second year %

Third year %

Final year %

12. Name & Address of the Dental _____

College from where Final BDS passed _____

DECLARATION

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 agree to abide by the Rules, Regulations and Procedures as contained in the information Brochure.
3. At present, I have not taken admission to any Postgraduate Health Science course in the previous year(s). I further declare that, if it is proved that I have secured admission for any of the PG course earlier/ discontinued after taking admission, my current year's admission shall be cancelled.
4. I understand 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
5. 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 Health Science College. I understand that the selection and admission to the course is also liable to be cancelled.

Date :

Place :

(Signature of the Candidate)