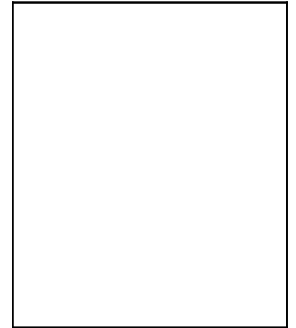


# Application Form



## Tagore Dental College and Hospital

(Approved by Dental Council of India, New Delhi and Affiliated to The  
Tamilnadu Dr.M.G.R Medical university)



Application No. :  
Registration No. :  
Admit card No. :  
Cut off Marks :

**Programme : BDS**

**(Bachelor of Dental Surgery)**

### Biographical Information

Name in Full (in Block Letters) :

Date of Birth & Age (Years) :

Sex :  Male  Female

Place of Birth :

State & Country :

Nationality :

Religion :

Community :  OC  BC  MBC  DNC  SC  ST

Category :  Tamilnadu  Other State  NRI  Foreign

Do you require Hostel Accomodation :  Yes  No

Name of Parent / Guardian : .....

Address for Communication : .....

Name of the Local Guardian : .....

Address for Communication : .....

Telephone No.:..... Mobile No.:..... Fax :.....

Email ID : .....

## **U.G. Programme BDA(Bachelor of Dental Surgery)**

Name of Qualifying Exam (H.Sc / CBSE / Intermediate) :.....

Year of Passing :..... No. of Attempts :.....

Board of Examination: .....

Institution last studied: .....

Entrance Exam appeared / Registration No :.....

Subject						
Marks Obtained						
Maximum Marks						
%in Biology (or) Botany and Zoolgy	Average of Physics + Chemistry(B)	A+B= / 200	Entrance Marks (C)	A+B+C = / 300	Cut of Marks	Aggregate % in BPC

Note :

If any incident of ragging comes to the notice of the authority, the concerned student shall be given liberty to explain and if his explanation is not found satisfactory, the authority would expel him from the institution.

Every application form must be Accompanied with the photocopies of the following.

SSLC Certificate

HSc / Intermediate / CBSE / Degree Certificate

Community Certificate

Conduct Certificate

Transfer Certificate

Passport size photograph (4nos)  
Stamp size photograph (2nos)

Eligibility Certificate

Entrance Mark Sheet / Hall Ticket

The application should be signed by the Parent /Guardian and candidate otherwise it is invalid.

While submitting the Application from a registration fee of Rs.200/- has to be paid.

### Declaration by the Parent / Guardian

I hereby declare that the information contained in this application and accurate, and I understand that supply of inaccurate information may be sufficient cause for denial of admission.

I shall abide by the rules and regulations laid down by the institution from time to time.

Name of the Student

Signature of the Student

Name of the Parent / Guardian

Signature of the Parent / Guardian

Place

Date

	<b>Tagore Dental College and Hospital</b> (Approved by Dental Council of India, New Delhi and Affiliated to The Tamilnadu Dr.M.G.R Medical university)
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For Admission Details please Contact Administrative Officer : No.29, Thilak Street, (Parallel to Bazullah Road),T .Nagar, CHENNAI –600 017, INDIA Tel : 044-28341621, 044-28341865, Fax : 044-28343146	Rathinamangalam, Vandalur, Chennai – 600 048 Tamilnadu. INDIA. Ph : 044-69904863 / 044-32417104 Fax : 044-27477702
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