

M.S.RAMIAH DENTAL COLLEGE

M.S.R.I.T Post, M.S.R Nagar
Bangalore-560 054

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Website : www.msrdc.ac.in

Application form for selection of Post-Graduate Courses in MDS under
management quota / NRI for the **Academic year 2011-2012**

SI No 1	NAME OF THE APPLICANT	DR.
2	Name of father	
3	Complete address for communication e.Mail....	
4	Phone No with STD code	
5	Date of Birth	
6	Name of the college From where BDS passed	
7	Is the BDS course and college Recognised by Dental Council of India	Yes/No {Tick} (if yes enclose certificate of proof)
8	Name of University which awarded the BDS Degree	
9	No of Attempts in BDS course	First Yr BDS.....Attempts Second Yr BDS..... Attempts Third Yr BDS.....Attempts Final Yr BDS (Part I)..... Attempts First Yr BDS(Part II)..... Attempts
10	Date of Completion of Internship (eligible if completing internship before 30.4.2007)	
11	Reg No.....	Rank obtained..... Scores.....
12	Order of Preference Subject selected for Admission to Post Graduate Course	MDS/Course 1..... 2..... 3..... 4.....

Enclosed certificate Photostat copies of a) All Marks Cards b) Attempt Certificates c) Internship Certificate d) Dental Council Registration Certificate e) NRI proof f) Eligibility Certificate from RGUHS