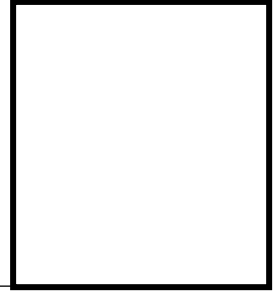


MAULANA AZAD INSTITUTE OF DENTAL SCIENCES

(An Autonomous Institute under Govt. of NCT of Delhi)

MAMC COMPLEX, B.S. ZAFAR MARG, NEW DELHI-110002

(TEL No.: 011-23233883, Fax. 011-23217081, Email-registrarmaids@yahoo.com)



(ADMISSION FORM)

1. Name in Full (In Block letters) : _____
2. Date of Birth (In Christian era) : _____
3. Marital Status : _____
4. Father/Guardian/Husband's Name : _____
5. Address (Corresponding) : _____
: _____
6. Permanent Address : _____
: _____
7. Name of State to which candidate belongs : _____
8. Email ID (write in CAPITAL) : _____
9. Contact No. : Mob: _____ Land line _____
10. Occupation of Father/Guardian/Husband with full address : _____

11. Annual Family income : _____
12. Name of Course and date of joining : _____
13. Quota (AIQ/DQ) : _____
14. Whether belongs to SC/ST or Backward class : _____
15. Rank obtained : AIPG _____ DPG _____
Category Rank _____
16. Present Occupation:
(Are you holding any post In Govt./ Undertaking/autonomous body/ College/institution or on study leave From. if so furnish details) : _____

17. Education Qualification

S.No.	Course	Roll No.	Year of passing With No. of attending	Name of College/ University	Total Marks Obtained
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

18. Date of passing BDS Course : _____
19. Date of completion of internship : _____
20. Name of college/institute(BDS) : _____
21. Name of University (BDS) : _____
22. Registration No. in State Dental Council (BDS) _____

Details of service till date:-

S. No.	Designation	Address etc of Employer	Duration	
			From	To
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

23. Have you ever been convicted by
The court of law. If so give details: _____
24. Have you ever been dismissed or
Terminated from service : _____
25. Have you applied for job position
Elsewhere, if so give details : _____

I, the undersigned, agree to admit myself to the disciplinary Jurisdiction of Vice-Chancellor and the several authorities of the University, who may be vested with the authority to exercise discipline under the act the Statutes, the Ordinances and Rules that have been framed there under by the University.

Signature of Candidate

(To be filled in by the Office)

1. Name of Supervisor : _____

2. Name of Co-Supervisor with
Name of co-investigative deptt,
If any : _____

3. Subject of thesis (in Block letters): _____

4. Whether holding scholarship. What
Kind of scholarship and date of
award of the same : _____

Registrar (Academic)