

CIDS



Coorg Institute of Dental Sciences

APPLICATION FOR ADMISSION TO POSTGRADUATE COURSE

1. Name of the Candidate
(IN BLOCK LETTERS)
2. Mother's Name
3. Father's Name
4. Spouse's Name
5. Gender Male Female
6. Date & Place of Birth
6. Nationality / Caste
7. Native State & District
8. Qualifying Examination
9. College Last Studied
10. University
11. Permanent Dental Registration No.
and Name of the State / Central Council
where Registered
12. Date of Completion of Compulsory
Rotatory Internship
13. P.G. Subject / Category
14. Details of marks in BDS year wise

Course	Year	Max. Marks	Marks Obtained	No. of Attempts
	I Year			
	II Year			
B.D.S.	III Year			
	Part I			
	IV Year			
	Part II			
	Total & Percentage			

17. Full Postal Address with
Phone No. & STD Code

DECLARATION

We declare that the above particulars are true to the best of our knowledge and we promise to abide by the rules and regulations of the Institute. We promise to maintain discipline in the best interest of ourselves and the Institution.

Signature of the
Parent / Graduation

Signature of the
Candidate

Office Use

The above candidate is
admitted to M.D.S. Course for the session

Date:.....

PRINCIPAL