

05-2022

Rs. 25/- (Twenty Five Rupees) only

Final B.D.S.

Abbreviated name of the College
(To be entered by the College Office)

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GUJARAT UNIVERSITY**FINAL EXAMINATION FOR THE DEGREE OF B.D.S. —February/August, 20 .****(Examination Fee : Rs. 1200)**

*N.B.— Forms submitted after the prescribed date will be rejected. Please fill in all details neatly.
Incomplete form will be rejected.*

To

The Registrar, Gujarat University, Ahmedabad-380 009.

Sir,

I request permission to present myself at the ensuing Final Examination for the Degree of B.D.S. at the Ahmedabad Centre and remit herewith the prescribed fees of Rs. 1200 (included M.S. fees).

• I request exemption from the following subjects as I have obtained percentage of marks vide R. 255-C entitling me to exempt from that subject at the examination held in 20 .

Subject	Seat No.	Year
.....
.....
.....
.....

I hereby declare and give an undertaking that I will practice in resort to any type of unfair means directly or indirectly in and outside the examination hall during the examination and also after it is completed and if I am found doing so action as may be taken by the authorities of the University against me as per University's rules and norms any conventions will be binding to me.

Place :

Yours faithfully,

Date : 20 .

(Signature)

Personal Details			Col. Nos.	To be filled in by the College	
Surname	Name	Fathers's Name			
Name in full in block letters			9	Sr. No. of Applicant	
(beginning with Surname)			–12		
Grand Father's Name:			13	College Code	
			–15		
Race & Religion : Male or Female:			16	Centre Code	
SC or ST or SEBC or Open :			–17		
Birth Date:.....				Course (Old/New)	
College :				Appearing in	
Student or Ex-student :			18	(i) Whole	
				(ii) Part	
Date of passing the First B.D.S. Examination :			26	Sex	
Date of passing the Second B.D.S. Examination :			Write Ex. against the subject where exemption is claimed		
Date of passing the Third B.D.S. Examination :			72	P. H. Dentistry	
Full Residential address :			74	Periodontology	
..... Telephone No.			76	O.&D.F.O.P.	
† To be struck off if it is not applicable.			78	O.M.& Radiology	
** Write your name in full in English with correct spelling. (The spelling of the name written here shall be the spelling for the University records and no change therein shall subsequently be made.)			79	O.&M.F.Surgery	
* To be filled in only by the students belonging to the Scheduled Castes and Scheduled Tribes..			80	C.D.&Endodontics	
			81	P. & C. & Bridge	
			82	P.& P. Dentistry	

[P.T.O

**Certificate to be submitted by the Principal in case of candidate admitted
to the Third B.D.S. Class of a Dental College**

I certify that Shri/Smt. after passing Third B.D.S. Examination has kept term from to and has been engaged in Dental studies during the terms.

(i) is, to the best of my knowledge and belief, a person of a good moral character.

(ii) has attended not less than three quarters of the hours of the course in each of the subject of examination and completed the requirements to satisfaction of the head of the respective departments.

(iii) that he/she has completed to my satisfaction the courses as laid down in O. 255-B.

(iv) that he/she has my permission to present himself/herself at the ensuing Final Examination for the Degree of B.D.S.

I certify that he/she is a student of..... College and he/she is eligible to appear in university examination as per Ordinance, rules and Regulation of Gujarat University & concern council.

Place : (Signature)

Date :..... 20 . Dean/Principal Dental College

To be filled in by the Principal in case of repeaters

I certify that failed to pass the Final B.D.S. Examination held in 20 . and that during the interval between the declaration of his/her failure and the date of his/her application, he/she has pursued a further course of study in the subject of Examination to my satisfaction.

*I also certify that his/her statement as to his/her having obtained at a previous examination marks (vide R.255 C) sufficient to entitle him/her exemption from the subject of (i)

(ii) is correct.

I certify that he/she is a student of..... College and he/she is eligible to appear in university examination as per Ordinance, rules and Regulation of Gujarat University & concern council.

Place : (Signature).....

Date :..... 20 . Dean/Principal Dental College

* To be struck off where it is not applicable.

Note : It is essential to attach certified Xerox Copies of :

- (1) All mark-sheets as applicable H.S.C. Marksheet/3rd B.D.S. 3rd B.D.S. marksheet (For Repeater)