Rs. 25/- (Twenty Five Rupees) only First B.D.S. (Whole/Part) Abbreviated name of the College

(To be entered by the College Office)

GUJARAT UNIVERSITY

FIRST B.D.S. EXAMINATION—February/August, 20

(Examination Fee: Rs. 1200 including Mark-Statement Fee)

N.B.— Forms submitted after the prescribed date will not be accepted. Please fill in all details neatly. Incomplete form will be rejected.

To

The Registrar,

Gujarat University, Ahmedabad-380 009.

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

• I request exemption from the following subject/subjects as I have obtained percentage of marks entitling me to exemption in those subjects in accordance with Ordinance and Regulations of the university at the examinations held in the months and years mentioned against them

Subjects	Month & Y	•	Seat No.	Name	of the	University	
1				1vame (•	_	
2							
2		•••••	••••••				••••••
				Yours fai	thfully	' ,	
Place :				~			
Date :			nature of	Candidate)			
Personal Details Name in full in block letters (Beginning with Surname)						To be filled in b	•
	· · · · · · · · · · · · · · · · · · ·	g with Su			Nos	the College	<u> </u>
Surname	Name		Fath	er's Name	9	Sr. No. of	
					-12	Applicant	
Grand Father's N							
					13	College	
Race & Religion		Male o	or Female		-15	Code	
SC or ST or SEBC of	or Open or P.H				16	Contract Con	
Birth date					16 -17	Centre Code	
Ditti date	•••••			•••••	-17	Code	
College							
Fresh Student or 1	Repeater student						
Examination Particulars						Appearing in	
					18	(i) Whole	
Name of Examination		Seat No	o. Name of	University/Board		(ii) Part	
H.S.C. or equivalent					26	Sex	
examination				_			
First B.D.S. Exam.					Write Ex. against the subject where exemption is claimed		
(for only Repeater)					wne	ere exemption is c	iaimed
Date of joining the F	First B D S Course					Gen. Hum. Ana.	
Date of joining the First B.D.S. Course					72	Ind. Embri. &	
Residential address		•••••	•••••	••••••		Histolg	
						Gen. Hum. Ana.	
			Tele.	No	74	Physi. &	
Permanent address						Bio-chem.	
						Dental Anatomy	
•••••		•••••			76	Embri. & Oral	
			Tele.	No		Histola	

FOR FRESH CANDIDATES

I certify that Shri/Smt./Kumari					
is a student of	College	and he/she is eligible to appear in			
university examination as per Ordina	ance, rules and Regulation of Gu	jarat University & concern council.			
Place :	(Signature	(Signature)			
	(Seal)				
Date :	Dean	College			
	FOR REPEATER CANDI	DATES			
I certify that Shri / Smt./Kuma	ari				
of	College fai	led to pass inExamination			
held in February/August, 20 .					
I also certify that his/her stateme	ent as to his/her having obtained	at a previous examination marks sufficient			
to entitle him/her exemption from th University is correct.	e subject/subjects, in accordance	with Ordinance and Regulation of Gujarat			
I certify that he/she is eligible to Gujarat University & Concern Coun-		n as per Ordinance, rules and Regulation of			
Place :	(Signature	s)			
	(Seal)				
Date :	Dean,	College			
• To be struck off where it is not a	annlicable				

• 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. All marksheet/NEET Score Certificate. 1st B.D.S. marksheet (For Repeater)
- (2) Admission letter / Admission Order of Admitting Authority.

 $01\ADMISSION\Medical\Forms.p18-19$