

05-2022

Rs. 25/- (Twenty Five Rupees) only Second B.D.S. (Whole/Part)

Abbreviated name of the College

(To be entered by the College Office) _____

GUJARAT UNIVERSITY**SECOND B.D.S. EXAMINATION—January/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 Second 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.

	<i>Subjects</i>	<i>Month & Year</i>	<i>Seat No.</i>	<i>Name of the University</i>
1.
2.

Yours faithfully,

Place :

Date : (Signature of Candidate).....

Personal DetailsName in full in **block letters** (Beginning with Surname)*Surname**Name**Father's Name*

Grand Father's Name.....

Race & Religion..... Male or Female.....

SC or ST or SEBC or Open or P.H.....

Birth Date.....

College.....

Fresh Student or Repeater student.....

Examination Particulars

<i>Name of Examination</i>	<i>Month & Year</i>	<i>Seat No.</i>	<i>Name of University/Board</i>
H.S.C. or equivalent examination			
First B.D.S. Exam.			
Second B.D.S. Exam. (for only Repeater)			

Date of joining the First B.D.S. Course.....

Residential address.....

.....Tele. No.....

Permanent address.....

.....Tele. No.....

Col. Nos.	To be filled in by the College	
9-12	Sr. No. of Applicant	
13-15	College Code	
16-17	Centre Code	
18	If Appearing in (i) Whole (ii) Part	
26	Sex	
Write Ex. against the subject where exemption is claimed		
72	Gen.& Dental Pharmacology including Therapeutics	
77	General Patho. & Micro.	
82	Dental Materials	
89	Pre Clinical Prostho, Crown & Bridge	
89	Pre Clinical Conservative Dentistry	

[P.T.O.]

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 Ordinance, rules and Regulation of Gujarat University & concern council.

Place :..... (Signature).....

(Seal)
Date :..... Dean..... College.....

FOR REPEATER CANDIDATES

I certify that Shri / Smt./Kumari.....
of..... College..... failed to pass in Examination
held in February/August, 20 .

I also certify that his/her statement as to his/her having obtained at a previous examination marks sufficient
to entitle him/her exemption from the subject/subjects, in accordance with Ordinance and Regulation of Gujarat
University is correct.

I certify that he/she is eligible to appear in university examination as per Ordinance, rules and Regulation of
Gujarat University & Concern Council.

Place :..... (Signature).....

(Seal)
Date :..... Dean, 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/1st B.D.S. &
2nd B.D.S. marksheet (For Repeater)