

05-2022

Rs. 25/- (Twenty Five Rupees) only

Third B.D.S. (Whole/Part)

Abbreviated name of the College

(To be entered by the College Office) _____

GUJARAT UNIVERSITY**THIRD 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 Third 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.
3.

Yours faithfully,

Place :

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

Personal Details				Col. Nos.	To be filled in by the College																									
Name	Father's Name	Surname																												
Name in full in block letters (Beginning with Surname)				9 –12	Sr. No. of Applicant																									
Grand Father's Name.....				13 –15	College Code																									
Race & Religion..... Male or Female.....				16 –17	Centre Code																									
SC or ST or SEBC or Open or P.H.....																														
Birth Date.....																														
College.....																														
Fresh Student or Repeater student.....				18	If Appearing in (i) Whole (ii) Part																									
<table border="1"> <thead> <tr> <th colspan="4">Examination Particulars</th> </tr> <tr> <th>Name of Examination</th> <th>Month & Year</th> <th>Seat No.</th> <th>Name of University/Board</th> </tr> </thead> <tbody> <tr> <td>H.S.C. or equivalent examination</td> <td></td> <td></td> <td></td> </tr> <tr> <td>First B.D.S. Exam.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Second B.D.S. Exam.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Third B.D.S. Exam. (for only Repeater)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Examination Particulars				Name of Examination	Month & Year	Seat No.	Name of University/Board	H.S.C. or equivalent examination				First B.D.S. Exam.				Second B.D.S. Exam.				Third B.D.S. Exam. (for only Repeater)				26	Sex	
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Date of joining the First B.D.S. Course.....				72	General Medicine																									
Residential address.....				74	General Surgery																									
.....Tele. No.....				76	Oral Pathology & Oral Microbiology																									
Permanent address.....																														
.....Tele. No.....																														

[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 &
3rd B.D.S. marksheet (For Repeater)