

**GUJARAT UNIVERSITY****THIRD B.D.S. EXAMINATION—February/August, 20 .****(Admission Fee : Rs. 300 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. 300 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 & Year	Seat No.	Name of the University
1. ....	.....	.....	.....
2. ....	.....	.....	.....
3. ....	.....	.....	.....

Yours faithfully,

Place : .....

Date : .....

(Signature of Candidate).....

Personal Details				Col. Nos.	To be filled in by the College	
Name	Fathers's Name	Surname				
Name in full in <b>block letters</b> (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	
I wish to appear in ..... Course (Old/New)					Medium	
I wish to appear in ..... Medium (1-Gujarati, 2-Hindi, 3-English)					1-Guj., 2-Hindi, 3-English	
SC or ST or SEBC or Open or P.H.....						
College.....						
Fresh Student or Repeater student.....						
Examination Particulars						
Name of Examination	Month & Year	Seat No.	Name of University/Board	18	If Appearing in ( i ) Whole ( ii ) Part	
H.S.C. or equivalent examination				26	Sex	
First B.D.S. Exam.				<b>Write Ex. against the subject where exemption is claimed</b>		
Second B.D.S. Exam.				72	General Medicine	
Third B.D.S. Exam. (for only Repeater)				74	General Surgery	
Date of joining the First B.D.S. Course.....				76	Oral Pathology & Oral Microbiology	
Eligibility Certificate No. (if applicable).....Date.....						
Residential address.....						
.....Tele. No.....						
Permanent address.....						
.....Tele. No.....						

**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 and Regulation of Gujarat University.

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

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

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**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.

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

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

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- To be struck off where it is not applicable.

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

- (1) All mark-sheets of H.S.C. or equivalent exam. and First, Second & Third B.D.S. exam.
- (2) Eligibility Certificate if applicable.