

635-2000-03-2019

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—February/August, 20 .****(Admission Fee : Rs. 1000 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. 1000 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. ....	.....	.....	.....

Yours faithfully,

Place : .....

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

Personal Details				Col. Nos.	To be filled in by the College	
Name in full in <b>block letters</b> (Beginning with Surname)				9	Sr. No. of Applicant	
Surname		Name	Fathers's Name	13	College Code	
Grand Father's Name.....				16	Centre Code	
Race & Religion..... Male or Female.....				17	Medium	
I wish to appear in ..... Course (Old/New)				18	1-Guj., 2-Hindi, 3-English	
I wish to appear in ..... Medium (1-Gujarati, 2-Hindi, 3-English)						
SC or ST or SEBC or Open or P.H.....						
College.....						
Fresh Student or Repeater student.....						
<b>Examination Particulars</b>				18	If Appearing in ( i ) Whole ( ii ) Part	
Name of Examination	Month & Year	Seat No.	Name of University/Board	26	Sex	
H.S.C. or equivalent examination				<b>Write Ex. against the subject where exemption is claimed</b>		
First B.D.S. Exam.				72	Gen.& Dental Pharmacology including Therapeutics	
Second B.D.S. Exam. (for only Repeater)				77	General Patho. & Micro.	
Date of joining the First B.D.S. Course.....				82	Dental Materials	
Eligibility Certificate No. (if applicable).....Date.....				89	Pre clinical Prostho, Crown & Bridge	
Residential address.....				89	Pre clinical Conservative Dentistry	
.....Tele. No.....						
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 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., First B.D.S. and Second B.D.S. exam.
- (2) Eligibility Certificate if applicable.