

577-700-02-2019

Rs. 25/-(Twenty Five Rupees)

01\ADMISSION\Medical_PGp32

Abbreviated name of the College

(To be entered by the College Office)

GUJARAT UNIVERSITY
MASTER OF DENTAL SURGERY PART-I
(Admission Fees : Rs. 500/-)

To,

The Registrar,
Gujarat University,
Ahmedabad--380 009.

Sir,

I request permission to be present myself at the ensuing Master of Dental Surgery Part-I examination for the degree of M.D.S. in the Branch The Branch* of my specialty is (insert one of the following Branches).....

I wish to be examined at **Ahmedabad** Centre.

Yours Faithfully,

Date : 20

Signature :

PERSONAL DETAILS

Surname

Name

Father's / Husband's Name

**Name in full in Capital Letters

(As per Final BDS Marksheet)

Male or Female..... Race & Religion

Scheduled castes or Scheduled Tribes & Backward class.....

Student or Ex-Student

Date of passing Matriculation Examination

No. and date of registration as a post-graduate

student of this University. Year Name of University

Date of passing the Final B.D.S. Examination

with the name of the University.

P.E.C./F.E.C. Certificate No. and Date :

Date of obtaining Final B.D.S. Degree

Permanent Residential Address :Tele No.

Local Residential Address :Tele No.

[P.T.O.]

CERTIFICATE

I certify that the applicant has passed Final B.D.S. Examination held in July/December and completed internship on After taking admission in M.D.S. he/she has kept two terms in the branch for which he/she has registered under the guidance and to the satisfaction of his/her Post-graduate teacher He/She is eligible to appear in University Examination as per rules and regulations of Gujarat University and Dental Council of India.

Date : 20 .

(Signature)
Registered Post-graduate Teacher in
Branch :

Date : 20 .

(Signature)
.....
Head/Director of the post-graduate
Centre of the Dental College.

* Enter (1) Prosthodontics and Crown & Bridge (2) Periodontology (3) Oral & Maxillofacial Surgery (4) Conservative Dentistry and Endodontics (5) Orthodontics and Dentofacial Orthopedics (6) Oral and Maxillofacial Pathology and Oral Microbiology (7) Oral Medicine and Radiology (8) Paediatric Dentistry.

** Candidate should ensure that the name is correctly spelt, as the spelling of the name written here shall be the spelling for University records and no change therein shall subsequently be made.