

Application Form



Tagore Dental College and Hospital

(Approved by Dental Council of India, New Delhi and Affiliated to The
Tamilnadu Dr.M.G.R. Medical University)

Application No. :

Registration No. :

Admit Card No. :

Cut off Marks :

Programme : BDS
(Bachelor of Dental Surgery)

Biographical Information

Name in Full (in Block Letters) :

Date of Birth & Age (Years) :

Sex :

Male

Female

Place of Birth :

State & Country :

Nationality :

Religion :

Community :

OC

BC

MBC

DNC

SC

ST

Category :

Tamilnadu

Other State

NRI

Foreign

Do you require Hostel
Accommodation :

Yes

No

Name of Parent / Guardian :

Address for Communication :

.....

.....

Name of the Local Guardian :

Address for Communication :

.....

Telephone No. : Mobile No. : Fax :

Email ID :

U.G. Programme

BDS (Bachelor of Dental Surgery)

Name of Qualifying Exam (H.Sc / CBSE / Intermediate) :

Year of Passing : No. of Attempts :

Board of Examination :

Institution last studied :

Entrance Exam appeared / Registration No. :

Subject						
Marks Obtained						
Maximum Marks						
% in Biology (or) Botany and Zoology	Average of Physics + Chemistry (B)	$A+B=200$	Entrance Marks (C)	$A+B+C=300$	Cut of Marks	Aggregate % in BPC

Note :

If any incident of ragging comes to the notice of the authority, the concerned student shall be given liberty to explain and if his explanation is not found satisfactory, the authority would expel him from the institution.

The application should be signed by the Parent / Guardian and candidate otherwise it is invalid.

While submitting the Application form a registration fee of Rs.200/- has to be paid.

Every application form must be accompanied with the photocopies of the following.

SSLC Certificate

HSc / Intermediate /CBSE / Degree Certificate

Community Certificate

Conduct Certificate

Transfer Certificate

Passport size photograph (4nos)

Stamp size photograph (2nos)

Eligibility Certificate

Entrance Mark Sheet / Hall Ticket

Declaration by the Parent/Guardian

I hereby declare that the information contained in this application is complete and accurate, and I understand that supply of inaccurate information may be sufficient cause for denial of admission.

I shall abide by the rules and regulations laid down by the institution from time to time

Name of the Student

Signature of the Student

Name of the
Parent/Guardian

Signature of the Parent/Guardian

Place

Date

Tagore Dental College & Hospital

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For Admission Details please Contact

Administrative Office:

No.29, Thilak Street, (Parallel to Bazullah Road), T.Nagar,
CHENNAI - 600 017. Tamilnadu, INDIA

Tel: 044-28341621, 044-28341865, Fax : 044-28343146

Rathinamangalam, Vandalur,
Chennai - 600 048

Tamilnadu. INDIA.

Ph : 044-69904863 / 044-32417104

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