



SRI VENKATESWARA

DENTAL COLLEGE & HOSPITAL

A unit of VELS Group of institutions



Approved by Government of Tamil Nadu / Approved by Dental Council of India, New Delhi

Affiliated to The Tamil Nadu Dr.MGR Medical University, Chennai.

Old Mahabalipuram Road, THALAMBUR, Chennai - 600 130

Phone No.:044 - 27435060 / 61 Fax : 044 - 27435059

E-Mail : info@svdentalcollege.com / Web : www.svdentalcollege.com

Admn. Office : #521/2, Anna Salai,Nandanam, Chennai - 600 035.

Application for Admission		Affix a recent Passport size Photo
Bachelor of Dental Surgery (B.D.S.) 4Years + 1Year Internship		
Application No.	Registration No.	

Name (asper School Records)	
Sex	Male / Female
Age and Date of Birth	Day / Month / Year
Marital Status	
Nationality	
Religion	
Community	OC / BC / MBC / SC / ST / Others
Blood Group	
Father's Name	
Occupation	
Mother's Name	
Occupation	
Annual Income of the Parents	

Address For Communication

Present Address		Permanent Address	
City :	Pin :	City :	Pin :
Tel. :	Mobile	Tel. :	Mobile
E - mail :		E - mail :	

Academic Qualification

Levels	Exam Passed	Subjects	Year of Passing	% of mark and class	Name of the Institution and Address
Schools					
College					

Medium of Instruction	
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Extra Curricular Activities, Hobbies (Sports, Literary, Cultural etc.)
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Marks Obtained in the Qualifying Examination : (Higher Secondary Marks)

S.No.	Subjects	Maximum Marks	Marks Obtained	% of Marks in P+C+B

P = Physics C = Chemistry B = Biology

Family Details

Family Members	Age	Educational Qualification	Occupation	Annual Income	Address

Name of the Local Guardian	
Relationship	

Local Guardian's Address

Residence	Office
E-Mail City : Pin : Tel : Mob:	E-Mail City : Pin : Tel : Mob:

Conduct and Character Certificate

Give name and address of School Head / College Principal / any person of good standing / other than relative who certifies the conduct and character of the applicant.

Name	Occupation	Address & Phone No.

UNDERTAKING

I hereby declare, that the above particulars are true and correct to the best of my knowledge. I have read the prospectus and fully understand that in the event of violation of any of the rules and regulations, I am liable to immediate dismissal from the college. I consent to undergo the course for its full duration. If I discontinue the course, I undertake to pay the full fees of the entire course. Fees paid will not be refunded.

I consent to pay the fees at the beginning of every year irrespective of the results and I understand that I may be debarred from attending classes and also asked to vacate the hostel for default in fees payment.

I undertake that I will not cause disrespect or loss of reputation by indulging in ragging or any malpractice or immoral or illegal acts, which amounts to indiscipline and warrants dismissal from the college.

Date :

Signature of Parent

Signature of Applicant

Photocopies of Certificates to be enclosed with this Application Form :

1. Twelfth Mark Sheet
2. Twelfth Provisional Pass Certificate (if applicable)
3. Genuine Certificate (HSC Board)
4. Transfer Certificate
5. Character / Conduct Certificate
6. Community Certificate (if applicable)
7. Nativity Certificate (for candidates other than Tamil Nadu)
8. Eligibility Certificate (for candidates other than Tamil Nadu State Board / CBSE)
9. Passport size Photograph - 8 Nos
10. Medical Fitness and Blood Group Certificate.

Attested copies of the above certificates should be attached along with the application when applying and originals should be submitted at the time of admission.

For Office Use Only

Admitted : YES NO

Date of Admission :.....

Admission Number :.....

The college will not be responsible for any delay in receiving the application form.