

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE – 560 011

D.A.PANDU MEMORIAL

R.V.DENTAL COLLEGE & HOSPITAL

(Recognised by Dental Council of India, Affiliated to RGUHS, Karnataka)

No. CA 37, 24th Main, 1st Phase, J.P. Nagar, Bangalore – 560078

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E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 2019

1	Name of the Applicant : (in Block Letters)					
2	Name of the Parent : (in Block Letters)					
3	Permanent Address (in Block Letters) MOBILE No. & Tele. No. Email address					
4	Sex					
5	Age / Date of Birth					
6	Nationality					
7	Blood Group					
Details of qualifying Examination Passed						
Examination	Name of Institution	Name of the University / Register no./ Passed date				No. of Attempts
			Max Marks	Marks Obtained	%	
B.D.S.						
I B.D.S.						
II B.D.S.						
III B.D.S.						
IV B.D.S.						
Total						

DISCIPLINE DECLARATION

I Son/Daughter of hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place:

Date:

SIGNATURE OF THE CANDIDATE

ORIGINAL DOCUMENTS / ENCLOSURES REQUIRED

1	X Mark Card	
2	I B.D.S. to IV B.D.S. Marks Card	
3	Internship Completion Certificate & Attempt Certificate	
4	BDS Degree Certificate	
5	Three Latest Passport size Colour Photographs	
6	DD / Cash for Rs.100/- per course drawn in favour of PRINCIPAL, DAPM R.V.DENTAL COLLEGE, BANGALORE.	

OFFICE ORDERS

The Applicant _____ Son/ Daughter of _____ is
selected for admission for CERTIFICATE COURSE - IMPLANT DENTISTRY / AESTHETIC DENTISTRY - 2011.

Date _____

Receipt No. _____

PRINCIPAL
D.A. PANDU MEMORIAL R.V. DENTAL COLLEGE