

SRI VENKATESWARA

DENTAL COLLEGE & HOSPITAL

(A unit of VELS Group, Pallavaram)

NAAC ACCREDITED

Off OMR, Near Navalur, Thalambur, Chennai - 600 130 Phone.:7449000052 / 53 / 54 Fax : 044 -2743 5770 E-mail : info@svdentalcollege.com www.s dentalcollege.com

Admn. Office: #521/2, Anna Salai, (Opp. G.R. Complex), Nandanam, Chennai - 600 035.

Tel: 044-24315542 E-Mail: info@svdentalcollege.com / Web: www.svdentalcollege.com



SRI VENKATESWARA

DENTAL COLLEGE & HOSPITAL



A unit of VELS Group of institutions
"Accredited by NAAC"

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.:7449000052 / 53 /54

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Applio				
Master				
) 3 Years		Affix a recent
		, 5 16015		Passport size Photo
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 / B	C / MBC / SC / ST / O	thers	
Aadhar Number				
Blood Group				
Father's Name			Email Id:	
Occupation				
Mother's Name			Email Id:	
Occupation				
Annual Income of the Parents				
PAN Number				

Address For Communication

11441 600 1 01 001111					
Present Address		Per	Permanent Address		
City:	Pin:	City:	Pin:		
Tel.:	Mobile	Tel.:	Mobile		
E - mail :		E - mail :			
Academic Quali	ification		_		
_		TT C o o			

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

Medium of Instruction	

Extra Curricular Activities, Hobbies (Sports, Literary, Cultural etc.)

Marks Obtained in the Qualifying Examination :

S.No.	Year	Maximum Marks	Marks Obtained	% ofMarks
DDC	I Year			
	II Year			
BDS	III Year			
	IV Year			

Marks Obtained In NEET Examination:

	From	То
Date of Completion of internship		
DCI Registration No.		

Marks Obtained In	NEET !	Examinatio	n :			
Roll No:			Rank:		Percentile:	
Family Details						
Family Members	Age	Educational Qualification	Occupation	Annual Income	Address	
Name of the Local (Guardian					
Relationship						
Local Guardian's Ad	dress					
R	esidence	;			Office	
E-Mail				E-Mail		
City:	I	Pin:		City:	Pin:	

Conduct and Character Certificate

Mob:

Tel:

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.

Tel:

Mob:

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 before 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 P	arent	Signature of Applicant
Photocopies of Cel	rtificates to be enclo	sed with this Applica	ation Form :
	For Of	ffice Use Only	
	Admitted	: YES NO	
	Date of Admission	·	
	Admission Number	:	

DOCUMENTS TO BE SUBMITTED FOR MDS COURSES:

S.No.	Name of the Certificate	Please Tick
1	Allotment Order	Yes / No
2	NEET Admit Card & Score Card	Yes / No
3	BDS Degree Certificate - Original + 3 attested photoscopies	Yes / No
4	BDS Internship Certificate - Original + 3 attested photoscopies	Yes / No
5	Permanent Dental Council Registration Certificate issued by State Dental Council - Original + 3 attested photocopies	Yes / No
6	Transfer Certificate from the Institution last studied - Original + 3 attested photocopies	Yes / No
7	BDS Mark Statements (First Year to Final Year) - Original + 1 attested photocopy	Yes / No
8	BDS Consolidated statement s of Marks - Original + 1 attested photocopy	Yes / No
9	BDS Attempt certificate (First to Final year) - Original + 1 attested photocopy	Yes / No
10	SSLC / 10 th Std pass certificate for proof of date of birth - Original + 1 attested photocopy	Yes / No
11	HSC or 10+2 or equivalent certificate - Original + 1 attested photocopy	Yes / No
12	Conduct Certificate from the Institution last studies - Original	Yes / No
13	Community Certificate (if applicable) - Original + 3 attested photocopies	Yes / No
14	Migration Certificate from the University last studied	Yes / No
15	Eligibility Certificate from the T.N. Dr. M.G.R. Medical University for students who studied in other University	Yes / No
16	Nativity Certificate (if applicable)	Yes / No
17	Aadhar Card photocopy of the student	Yes / No
18	Physical fitness certificate from a registered medical practitioner. Immunization - Hepatitis-B	Yes / No
19	Blood Group Certificate	Yes / No
20	Photographs: Recent color photo with white background of good resolution - 8 Nos.	Yes / No
21	Photographs of Parent (Father & Mother) - Each 1 No.	Yes / No
22	Passport with student VISA, PIO Card or OCI card for NRI students only.	Yes / No