

Fresh / Repeater



UNIVERSITY OF PUNE

GANESHKHIND, PUNE-411 007

**APPLICATION FORM FOR MASTER OF DENTAL SURGERY (M.D.S.) EXAMINATION
TO BE HELD IN JULY/DECEMBER**

Application Form No.

Price of Application Form : Rs. 30/-

To,

THE CONTROLLER OF EXAMINATIONS
UNIVERSITY OF PUNE,
GANESHKHIND, PUNE-411 007.

Sir,

I request permission to present myself at the ensuing Examination for the Master of Dental Surgery (M.D.S.) in

I submit herewith a dissertation prepared (Four Copies) under the direction and to the satisfaction of Dr., a recognized University Teacher in the subject.

I hereby, declare that since my last appearance at this examination from this college. I have not joined any other college for prosecuting further studies for this examination.

My dissertation has been approved by the Examiners vide your letter No. dated.

I am furnishing my personal details in the enclosed proforma for your information.

Yours faithfully,

Place :

Date :

(Signature)

(NOTE : APPLICANT FROM SOUTH INDIA, UPCOUNTRIES AND FOREIGN COUNTRIES SHOULD WRITE THE NAME IN THE MANNER IN WHICH THE SAME SHOULD APPEAR ON UNIVERSITY RECORD INCLUDING DEGREE CERTIFICATE).

[P.T.O.]

PERSONAL DETAILS

1. Full Name of the Applicant in block letters beginning with Surname (In English)	
2. Full Name of the Applicant in block letters beginning with Surname (In Devanagari Script)	
3. Sex	
4. Category	
5. Permanent Residential Address	
6. Residential Address (Local)	
7. College of Graduation	
8. Name of University from which graduated	
9. Month & Year of passing B.D.S. Exam.	
10. Name of the Branch of M.D.S. for which registered	
11. Name of College from which completed graduation	
12. Date of Registration	
13. Duration of PG Course	
14. Whether the PG Course at the said College is recognized by the M.C.I.	
15. Date of approval of topic of dissertation	
16. Year of Examination for which appearing	
17. Whether Fresh or Repeater	
18. If repeater, month and year when last appeared	
19. Whether the candidate is holding Full Time Resident Post in the recognized hospital, if so, Name of the recognized Hospital	
20. Signature of the Candidate	
*21. Name, Designation and Signature of the PG Guide in token of satisfactory Completion of required terms/ Thesis	
*22. Whether the candidate has completed rotation in allied subjects (if applicable)	
*23. Whether the candidate is fit for the Degree in question	

*24. Name and Signature of the Head of the Department in token of (1) satisfactory completion of required duties/terms/Thesis (2) verifying the correctness of the information furnished above by the candidate and his/her PG Guide (3) Permission to appear for the said examination	
25. Signature of the Principal/Head of the Institution with stamp of designation	

***INFORMATION AGAINST ITEM NOS. 21 TO 24 NEED NOT BE FILLED IN CASE OF A REPEATER STUDENT**