A.M.E's Dental College & Hospital ,
Raichur – 584103 (Karnataka)

Application for admission to I BDS – for the Year _____
Under Management Quota

Stamp
Size Photo
To be affixed

1	Name of the Applicant (In block letters as mentioned in qualifying exam)	:	
2	Name of the Father	:	
3	Date of Birth	:	
4	Name & address of the Candidate / Parent / Guardian Phone No: ..... CELL No :	:	
5	Name and address of the Institution from where the candidate completed Qualifying exam (10 + 2 Course)	:	
6	Marks obtained in PCB & English (10+2 marks card copy to be enclosed)	:	Physics : ..... Chemistry : ..... Biology : ..... English : ..... Total : ..... (.....%)
7	COMED –K Rank (Enclose the Entrance test Marks card)	:	
8	Registration fee of Rs.500/-	:	Enclosed D.D. No : ..... Dt ..... Bank .....
9	Remarks	:	

Place :
Date :

Signature of the Applicant