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

## Application for admission to I BDS – for 2005 – 06
## Under Management Quota

Stamp
Size Photo
To be affixed

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

Place :
Date :

Signature of the Applicant

A copy of above is forwarded to
The Chairman
Committee for overseeing the CET
Conducted by Association of private
Professional Colleges , 1st floor , CET cell Building ,
Sampige Road, 18th Cross, Malleshwaram,
Bangalore – **3.**