

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

Application for admission to I MDS – for 2005 – 06
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 :
and University from where the candidate
completed Qualifying exam (BDS Course)

6 COMED –K Rank :
(Enclose the Entrance test Marks card)

7 Mention the speciality for which the : 1 Prosthodontics []
Candidates applied for in order 2 Periodontics []
of preference 3 Orthodontics []
4 Conservative Dentistry []

8 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.