C.G. DENTAL PRE PG COMMON ENTRANCE TEST 2016

(ASSOCIATION OF PRIVATE MEDICAL AND DENTAL COLLEGES OF CHHATTISGARH)

FOR ADMISSION IN MDS COURSES

IMPORTANT INSTRUCTIONS:

- Use blue or black ball pen for filling this form.
- Tick √ in appropriate box only.

1. Course applying for MDS	2. Category SC ST OBC Gen Minority	3. Are you Physically Handicap Yes No	4. Sex Male Female	5. Nationality Indian Others
☐	☐ ☐ ☐ ☐ ☐	☐ ☐	☐ ☐	☐ ☐

6. Full Name (in CAPITAL LETTERS)

7. Father's Name (in CAPITAL LETTERS)

8. Mother's Name (in CAPITAL LETTERS)

9. Date of Birth

DATE MONTH YEAR

10. Date of Internship Completion

DATE MONTH YEAR

11. Date of Passing Final BDS Examination

DATE MONTH YEAR

12. Aggregate marks in all BDS Professional Exams

Maximum Marks Marks Obtained Percentage

. %

Name of College & City (College from where passed BDS) _____

13. Dental Registration Number

a) Permanent Regn. No.

b) Provisional Regn. No.
(If permanent number not allotted)

c) Date of Registration

DATE MONTH YEAR

14. PAN NO. (STUDENT/FATHER/MOTHER)

15. Mobile No. (if any)

17. Examination Centres:

1. Chhattisgarh Dental College and Research Institute, Rajnandgaon ☐
2. Rungta College of Dental Sciences and Research, Bhilai Durg ☐
3. Maitri College of Dentistry & Research Centre, Anjora, Durg ☐
4. New Horizon Dental College & Research Institute, Bilaspur ☐
5. Triveni Dental College Hospital & Research Institute, Bilaspur ☐

16. Candidate's Name & Full Mailing Address (in CAPITAL LETTERS)

Name: _____

Address: _____

_____

_____

_____ Pin Code:

18. Signature of the Candidate

19. Photograph