



**ADMISSION TO MDS COURSE
MANAGEMENT QUOTA (INCLUDING NRI) SEATS IN SELF FINANCING DENTAL COLLEGES IN
TAMIL NADU 2018-2019 SESSION**

DD. No	Name of Bank / Branch	Date	Amount

A.R.NO.

(To be assigned by the
Selection Committee)

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***Please Tick relevant field**

1.	Name (in Capital Letters with Initials at the end)	Dr.		SPACE FOR PHOTOGRAPH WITH NAME AND DATE			
	NEET MDS 2018 ROLL NO	NEET SCORE					
	Permanent Dental Registration Number						
	Are you willing to apply to NRI Quota? If yes, Proof for NRI Should be attached		1.YES 2.NO				
2.	a. Mailing Address with pin code						
	b. Contact Telephone No with STD Code Mobile Number						
	c. Email ID						
	Aadhar No.						
3.	Date of Birth DD/MM/YYYY						
4.	Sex	1.MALE	2.FEMALE	3.TRANSGENDER			
5.	a. Nationality	1.INDIAN	2. OTHERS	b. Nativity			
				1.TAMIL NADU 2. OTHERS			
	c. Mother Tongue	TAMIL	TELUGU	HINDI	MALAYALAM	URUDU	OTHERS
6.	Religion	HINDU	CHRSTIAN	ISLAM	JAINISM	SIKHISM	OTHERS
8.	a. UG studied at	1.TAMIL NADU			2. OTHERS		
	b. UG Details	If Studied in TN State				Other State	
		State Quota	AIQ	SF			
9.	CRRRI Date of Completion (DD/MM/YYYY)						
10	Whether you are undergoing MDS / any other Equivalent course if yes; mention the name of the Course and Expected Date of Completion	YES			NO		
		Course			Date of Completion		
11	a. Whether completed MDS	YES			NO		
	b. Whether discontinued MDS /any other Equivalent course	YES	NO	d. If Yes Then Date Of Discontinuation			

DECLARATION
To be filled in by all candidates

I, Dr. _____ do hereby solemnly affirm that the statement made and information furnished in my application form and in all the enclosures thereto submitted by me are true. Should it however be found that any information furnished therein is untrue in particulars, or there has been suppression of facts I realize that I am liable for criminal prosecution and I also agree to forego my seat in the College at any time during the course of my study.

Station: _____

Date: _____

Signature of the Candidate



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AR No

SCRUTINY FORM

PDR NUMBER								
First appearance of the Final BDS Part II Registration Number				Year				

Instructions to fill up scrutiny form
1. To be filled by the candidate as per the entries made in the Application form.
2. Use only blue color ball point pen for ticking and writing.
3. Put tick mark (✓) in the correct gray color boxes
4. Write inside the white box, wherever writing is required.

NEET MDS2018 ROLL NO.		NEET Score	
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Aadhar No:

1.Name : Dr.

4. Sex :	1.M	2.F	3.TG
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3.Date of Birth / /

5a. Nationality	1.Indian	2.Others
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8a. UG studied at	1.TN	2.Others	Willing to apply to NRI quota? If yes then Proof for NRI should be enclosed	1.Yes	2.No

5b. Nativity :	1.TN	2.Others
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8b. UG studied	If Studied in TN State			3.Other State
	1.State Quota	2.AIQ	SF	

10. Are you undergoing any MDS /any equivalent courses at the time of applying	1.Yes	2.No
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9.Date of Completion of CRR I Training / /

11a. Whether completed MDS	1.Yes	2.No
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11c. Whether discontinued MDS Course	1.Yes	2.No
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11d. If yes mention the date of discontinuation									
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2a & 2b. Address:

Name : Dr.	
<input type="text"/>	
Pincode :	<input type="text"/>
Mobile :	<input type="text"/>
Email Id:	<input type="text"/>

Space for Photograph with Name & Date

I sincerely affirm that the information furnished above are true.

5000/-Payment Details

DD No. & Date

Bank Name & Branch

Candidate's Signature

To be downloaded & pasted
on A4 cloth lined cover

**APPLICATION FORM FOR
ADMISSION TO MDS COURSE
MANAGEMENT QUOTA (INCLUDING NRI) SEATS IN SELF FINANCING DENTAL COLLEGES IN
TAMIL NADU 2018-2019 SESSION**

(TICK ✓ THE RELEVANT COLUMN)

B.D.S STUDIED AT

WILLING TO APPLY TO NRI QUOTA	YES	NO
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From To,
(Candidate's Mailing Address)

Dr.....
.....
.....
.....
.....
.....Pincode
Phone/mobile.....

The Secretary,
Selection Committee
Directorate of Medical Education,
No. 162 Periyar E.V.R. High Road,
Kilpauk, Chennai 600010