



VANANCHAL DENTAL COLLEGE & HOSPITAL

(Managed & Run by Vananchal Educational & Welfare Trust®, Approved by Dental Council of India,
New Delhi & Affiliated to Nilamber Pitamber University, Medininagar, Jharkhand)

Farathiya, Garhwa - 822 114

To,
The Principal
Vananchal Dental College & Hospital
Farathiya, Garhwa, Jharkhand - 822 114

Self attested
Photograph

1. Full Name of applicant (in Block Letters) _____
2. (a) Date of Birth _____ Day _____ Month _____ Year _____
3. (a) Full Name of Father _____
(b) Full Name of Mother _____
(c) Father's Occupation _____
4. (a) Guardian's Name (If other than parents) _____
(b) Relationship with Guardian _____
(c) Guardian's Occupation _____
5. Correspondence Address _____

State _____ Pin : _____ Phone No. _____ Mobile No. _____
6. Permanent Address _____

State _____ Pin : _____ Phone No. _____ Mobile No. _____
7. Name of the Local Guardian If any with Address _____

Pin : _____ Phone No. _____ Mobile No. _____
8. Annual income of parent / Guardian _____
9. Sex _____ Religion _____ Nationality _____

10. Do you belong to (Tick which is applicable)

(a) Schedule Caste (b) Scheduled Tribe (c) OBC (d) General (e) Other

(enclose certificate for SC/ST/OBC from authority empowered)

11. Extra Curricular Activities, if any _____

(Enclose Certificate)

12. Name & Address of two responsible persons who know your character :

(i) _____

(ii) _____

13. Name of State you belong to _____

14. Educational Qualification : (Enclose Xerox Copy of Certificates)

(a) Name of the qualifying examination _____

(b) Last Examination passed _____

(c) Details of Examination passed _____

Examination	Name of University of Board & Year of Passing	Division	Subject	Max. Marks	Marks Obtained	Total Marks
(a) Class Xth or equivalent Examination						
(b) Intermediate Science or Equivalent Examination			Physics			
			Chemistry			
			Biology			
			English			
(c) B.Sc. / Others						

15. Name of the School / College where last studied with year.

16. Registration No. of Board / University where last studied.

(a) Name of the Board / University _____

(b) Regd. No. & Year _____

17. D/D No. Dated : Amount : Bank Name :

(Please attach D/D Rs. 550/- in favour of " Vananchal Dental College & Hospital " payable at Garhwa.)

18. List of enclosures attached (i) _____

(ii) _____

(iii) _____

MEDICAL CERTIFICATE OF FITNESS OF A CANDIDATE SEEKING ADMISSION IN THE VANANCHAL DENTAL COLLEGE & HOSPITAL

Farathiya, Garhwa - 822 114 (Jharkhand)

1. The student is not suffering from any infectious disease like tuberculosis, Leprosy etc.
2. Eye - The eyesight should be corrected by glasses to give an acuity of vision of atleast 6/12.
3. Ear - He / She should have necessary acuity of hearing with the stethoscope and should not be completely deaf.
4. Legs and hands - He / She should not have complete deformity of Legs and Hands, so as to interfere with standing and working during surgical works.
5. His / Her Blood Group is _____ .

I have examined Mr. / Miss / Mrs. _____

Son / daughter / wife of _____ today on _____

and certify that Mr. / Miss / Mrs. _____ is quite fit

for admission in **Vananchal Dental College & Hospital**.

according to the criteria as mentioned above.

Signature of Medical Officer

Full Name _____

Date _____

Registration No. _____

Place _____

Designation _____

DECLARATION BY THE CANDIDATE

I.....hereby declare that have filled up this application form myself and to the best of my knowledge and belief the above particulars are true and correct. I have filled up this application after reading all the instructions in the prospectus carefully, I am liable to be punished by expulsion from the Institute or any legal action may also be instituted against me for furnishing false information.

I undertake that so long as I am a student of the Institute / College. I will do nothing unworthy of a student either inside or outside of the institute or any thing that will interfere with its working and discipline. I am aware that the Management / Principal has full right to take any action against me including expulsion if my conduct found unsatisfactory.

Place _____

Date _____

Signature of the Applicant

DECLARATION BY THE PARENT/GUARDIAN

I fully endorse the declaration made above by the Candidate, Besides, I hereby declare that I have known the financial obligation and I can afford to pay all the costs mentioned in the prospectus. I guarantee the good conduct and behaviour of my ward during the tenure of the candidate's period of studentship in the Institute.

Place _____

Date _____

Signature of the Parent / Guardian

FOR OFFICE USE ONLY

Application No. _____

Admission Incharge

Order of the Principal

ACKNOWLEDGEMENT

Application No. _____

Received an application from Mr. / Miss / Mrs. _____

For admission to 1st yr. BDS Course Session 2007-2008 _____ on _____

Receiving Officer