



**JHARKHAND UNAIDED PRIVATE  
DENTAL COLLEGES' ASSOCIATION**

(Registered under Society Registration Act 21, 1860)  
136, Sheopuri, Lower Hinoo, Ranchi - 834 002 (Jharkhand)

Self  
attested  
Photograph

Name : .....

Father's Name : .....

Local Guardian : .....

Correspondence Address : .....

Telephone No. : .....

Signature of the  
Candidate

Signature of the  
Local Guardian

Signature of the  
Father / Mother



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136, Sheopuri, Lower Hinoo, Ranchi - 834 002 (Jharkhand)  
(To be filled up by the candidate)

**ADMIT CARD**



Name in full .....

Father's / Guardian's Name .....

Correspondence address .....

.....

.....

.....

Identification Mark .....

Signature of the candidate

### (FOR OFFICE USE ONLY)

Roll No. .... Centre of Examination .....

Date .....

Time .....

Examination Controller



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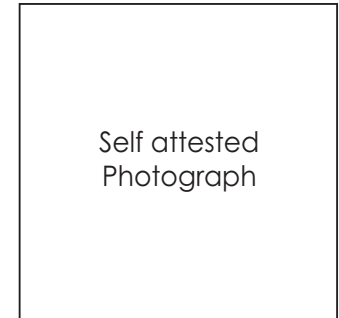


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136, Sheopuri, Lower Hinoo, Ranchi - 834 002 (Jharkhand)

To,  
The Controller of Examinations  
Jharkhand Unaided Private  
Dental Colleges' Association  
136, Sheopuri, Lower Hinoo, Ranchi - 834 002



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 \_\_\_\_\_
6. Permanent Address \_\_\_\_\_  
 \_\_\_\_\_  
 State \_\_\_\_\_ Pin : \_\_\_\_\_ Phone No./Mobile \_\_\_\_\_
7. Local Guardian If any with Address \_\_\_\_\_  
 \_\_\_\_\_ Pin : \_\_\_\_\_ Phone No./Mobile \_\_\_\_\_
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 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. 500/- in favour of " Jharkhand Unaided Private Dental Colleges Association " payable at Ranchi.)

18. No. of enclosures (i) \_\_\_\_\_

(List of enclosures attached) (ii) \_\_\_\_\_

(iii) \_\_\_\_\_

19. Examination Centre Options - (1) GARHWA (2) JAMSHEDPUR (3) HAZARIBAG

(i)..... (ii)..... (iii).....

20. Preference of Institute / Dental College. (1) Vananchal Dental College & Hospital, Garhwa

(2) Awadh Dental College & Hospital, Jamshedpur

(3) Hazaribagh College of Dental Science, Hazaribagh

(i)..... (ii)..... (iii).....

**MEDICAL CERTIFICATE OF FITNESS OF A CANDIDATE SEEKING  
ADMISSION IN THE COLLEGES ASSOCIATED  
to  
JHARKHAND UNAIDED PRIVATE DENTAL COLLEGES' ASSOCIATION  
Ranchi, 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 Any Dental College / Institute associated to JHARKHAND UNAIDED PRIVATE DENTAL COLLEGES' ASSOCIATION.

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*

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## ACKNOWLEDGEMENT

Application No. \_\_\_\_\_

Received an application from Mr. / Miss / Mrs. \_\_\_\_\_

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

Receiving Officer