



Application No. _____

TATYASAHEB KORE DENTAL COLLEGE AND RESEARCH CENTRE,
NEW PARGAON – 416 137

(Run by Mahatma Gandhi Charitable Medical Trust, Warananagar)
Mahatma Gandhi Hospital Campus, New Pargaon-416 137,
Tal. - Hatkanangale, Dist - Kolhapur, Maharashtra, India.
Ph No. (0230) 2477081 – 82, Fax No. (0230) 2477654

E -mail:- info@waranahealth.com

Website :- www.waranahealth.com

APPLICATION FORM

(FOR ADMISSION TO IST B.D.S. COURSE FOR THE YEAR _____)

To,
The Principal,
Tatyasaheb Kore Dental College and Research Centre,
NEW PARGAON – 416 137



Respected Sir,

I wish to seek the admission to Ist B.D.S. Course for the year _____ in your Institution. I am giving below the necessary particulars as required by you.

1. a) Candidate's Name:

Surname	First	Middle

(As per H. S.C. Certificate)

b) Name in Marathi:

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c) Father's Name: _____

d) Mother's Name: _____

2. a) Address for Correspondence: _____

 _____ Pin Code:- _____
 Tel. No. :- _____ Mob. No.:- _____

b) Permanent Home Address: _____

 _____ Pin Code:- _____
 Tel. No. :- _____ Mob. No.:- _____

c) E-Mail Add: _____

3. a) Date of Birth:

Date	Month	Year

b) Place of Birth: Village _____ Taluka _____ Dist _____ State _____

4. Nationality: 1. Indian 2. Foreigner
 3. If a Foreigner mention name of the Country

5. Sex: 1. Male 2. Female

6. Religion: _____ Caste: _____ Sub caste: _____

7. The region of Maharashtra from which passed the SSC (X Std.) Examination

1. Rest Maharashtra 2. Vidarbha 3. Marathawada
4. Other (Viz CBSE , Jawahar Navoday Vidyalay / ect Refer Form- C)

8. Percentage of marks obtained at S. S. C (X Std.) or equivalent Exam.

9. Total Annual Family Income

- A-1 : Below Rs. 2 Lacs A-2 : Upto Rs 3 Lacs C-3 : Above Rs. 3 Lacs

UNDERTAKING BY THE STUDENT

The information mentioned in the respective proforma is true to the best of my knowledge and belief. I have gone through the instructions incorporated in Eligibility Form. I am submitting my application with prescribe documents in original /attested copies. I hereby undertake to abide with the provisions incorporated in the Admission Brochure and the rules / Regulations issued by the University in regulation of all the matters relating to the eligibility /examination /student disciplines etc. I shall be liable for disciplinary action in case of violation thereof.

DATE AND SIGNATURE OF THE STUDENT

1. Particulars of the qualifying examination. (H. S. C. / XII Std. or equivalent) passed.

a) The region of Maharashtra from which passed the qualifying Examination

1. Rest Maharashtra 2. Vidarbha 3. Marathawada
4. Other (Viz CBSE , Jawahar Navoday Vidyalaya. ect) _____

b) Year and Month of passing: _____

c) Name of the Examination passed: _____

d) Name of the Examining Body : _____

e) Name and address of the Institution through which appeared for HSC (XII Std.)
or equivalent Examination: _____

f) Medium of Examination: _____

g) Division / Class / Grade obtained _____

• Marks obtained in English and (PCB)

Subject	Out of
a) English :	/ 100
b) Physics :	/ 100
c) Chemistry :	/ 100
d) Biology :	/ 100
e) PCB Percentage :	%

PARTICULARS: REGARDING EDUCATIONAL GAP AFTER QUALIFYING EXAMINATION.
(PLEASE MENTION THE PERIOD OF GAP DULY SUPPORTED BY THE
AFFIDAVIT)

Period of Gap _____ Year/s _____ Month/s _____

2. Details regarding Assoc- CET Examination (Conducted by AMUPMDC)

a) Year of Assoc - CET Examination : _____

b) Marks obtained in PCB : _____

c) State Merit List No. : _____

d) Date of Initial and /or consequent Selection : _____

e) Admitted Category (Payment etc) : _____

f) Constitutional category of seat in which admitted:

A - 1 : SC (___) B - 2 : ST (___) C - 3 : VJ (___) D - 4 : NT -1 (___)

E - 5 : NT -2 (___) F - 6 : NT-3 (___) G - 7 : OBC (___) H - 8 : None (___)

a) Caste / Tribe: in case of transfer in Inter - se round.

Constitutional category of seat against which admitted. _____

3. Details regarding MHT- CET Examination (Conducted By Govt. of Maharashtra)

b) Year of MHT - CET Examination : _____

b) Marks obtained in PCB : _____

c) Percentage of Marks : _____

d) State Merit List No. : _____

(Office use only)

1) Particulars of Demand drafts enclosed.

Sr. No.	DD No. / Cash Payment	Date	Amount	Bank	Fees For
1.					
2.					
3.					

2) Date of Admission: - _____

3) Category of Admission: - _____

4) Maharashtra University of Health Science, Nashik,

Eligibility Certificate No. and Date:- _____

Signature of Admission cell I/C

T.K.D.C. & R. C. New Pargaon

N. B.:

- 1) Application, which does not furnish any of the information, required above would not be considered.
- 2) The applicant must furnish copies of the following certificates duly attested along with his / her application failing which his / her application for admission will not be considered. The applicant will be required to furnish the Original Certificates at the time of interview or on admission if Original Certificate are produced with the application, this office shall not be held responsible for any loss.
The certificate so produced will not be returned.
 - a) Physical Fitness from a Registered Medical practitioner prescribed form only attached herewith.
 - b) School Leaving Certificate / Transfer Certificate
 - c) Marks at the H.S.C. (XII Std.) Or equivalent examination.
 - d) Certificates from the Head of the College and School.
 - e) Certificate of Extra-Curricular Activities.
- 3) At the time of admission, the student has to pay tuition and other fees for the whole year. It shall not be refunded even if he / she fails to attend the classes.
Fees once paid will not be refunded at any cost.
- 4) Transfer Certificate in original must be produced at the time of admission with other certificates.
- 5) It shall be the responsibility of the student of other Universities to produce Certificate of Eligibility from the Maharashtra University of Health Sciences, Nashik before taking admission.
- 6) A candidate giving wrong information in the application or in its accompaniments is liable to be expelled from the college at any time during the course of his / her studies.
- 7) Any changes in address (Local or permanent) should be intimated to the College office immediately.

I submit my application for a seat in Ist Year B.D.S. Course of 200 - 200 and I have gone through the particulars and declaration given below.

Place: _____

Date: _____

Signature of the Applicant.

DECLARATION

1. I hereby agree, if admitted to the rules and regulations at present in force or that may be hereafter made for the governance's of the Institute and its attached Hospital and Hostels and I undertake that so long as I am a student of the Institute. I do nothing either inside or outside the Institute and Hospital, which will interfere with the orderly governance and discipline.
2. I hereby agree to make good any loss or damage to books, apparatus, furniture and other articles belonging to Institution, and its attached Hospital and Hostels, which may be caused by my carelessness, negligence or wantonness on my part.
3. I hereby solemnly affirm that the statements made and information furnished in my application form as also in all the enclosures there submitted by me, are true. Should it however be found that any information furnished therein is untrue in material particulars I realize that I am liable to criminal prosecution and also agree to forgo my seat in the Institution.
4. I hereby declare that I will not seek transfer from this Institution to any other Dental College till complete the entire course in this Institution and bind myself to the rules that are in force and that may be framed hereafter, in this connection.
5. I hereby assure that in case I want to discontinue before expiry of the course or I want to seek transfer to any other College, I shall pay the full fees then prescribed for all the years i.e. for the entire course.
6. I hereby assure that I will not indulge or resort myself in any form of anti-social and prohibitive activities such as 'Ragging' or any kind of harassment-physical or otherwise. I am fully aware of the provisions of Indian Penal Code relating to offences connected with hurt endangerment of life of personal safety, wrongful confinement, assault, criminal intimidation and so on; and if I am found indulging myself in such prohibitive and anti social activities, I am liable for severe punishment including removal from the Institute and handing over to the Police.
7. Candidate other than those passing the H.S.C. of Pre-University Board Pune whether coming from India or abroad, are required to produce eligibility certificate obtained from the Registrar, Maharashtra University of Health Sciences, Nashik, Maharashtra State, India, about their eligibility to the 1st Year B.D.S. Course before taking admission.
8. Foreign students are require to get clearance and permission from the Ministry of Health and Family Welfare, Government of India, New Delhi, before taking admission.
9. I shall fulfil the attendance requirement as per the norms put by Maharashtra University of Health Sciences 80% failing which I myself will be held responsible for the consequences arising out of it.
10. I hereby declare that I abide by the above mentioned rules.

Place: _____

Date: _____

Signature of the Applicant.

DECLARATION OF PARENT / GUARDIAN

I hereby declare that I hold myself & other concerned members of my sons /daughters /wards family as responsible for the **TIMELY** payment of the Annual Tution fees paid at the time of admission and for the remaining course, which may be subjective to any judicial or Government decision , direction, order or revision and also all other mandatory fees or dues , payable to the Tatyasaheb Kore Dental College and Research Centre, New Pargaon , in respect of my son /daughter /ward.

Named _____ during the period of his / her study.

I thereby also take the responsibility of submitting a **BANK GUARANTEE** for the Annual Tution fees of my son /daughter /ward payable to the Tatyasaheb Kore Dental College and Research Centre, New Pargaon for the remaining course within a period of one month of taking admission.

And

At the same time for **necessary close monitoring** of the strict disciplinary behaviour and conduct thereby also avoiding and preventing unnecessary involvement or including in any unlawful prohibitive activity contrary to the provisions of acts and laws enforced by the Government, of my son /daughter /ward and will seriously and sincerely abide by all the above mentioned conditions of the declaration signed above my son / daughter / ward.

DATE:

Signature

Name, Address and Phone No.
Of the Parent / Guardian

Signature

Name, Address and Phone No.
of Local Guardian / Relative

Adders for Regular Correspondence

Address:

Pin Code:-

Tel. No. :-
Mob. No.: -

Address:

Pin Code:-

Tel. No. :-
Mob. No.: -

Son / Daughter / Ward

Name _____ Admitted _____

Date:- _____


Place:- _____

PRINCIPAL

Tatyasaheb Kore Dental College & Research Centre,
New Pargaon.

CODIFIED LIST OF DOCUMENTS

❖ List of Documents required to be submitting along with the form

Certificates	Place  Mark
1. Nationality Certificate	<input type="checkbox"/>
2. S. S. C Passing Certificate (X Std.)	<input type="checkbox"/>
3. H. S. C Mark's Statements (XII Std.)	<input type="checkbox"/>
4. H. S. C. Passing Certificate	<input type="checkbox"/>
5. Assoc – CET Mark's Statement	<input type="checkbox"/>
6. Physical Fitness certificate	<input type="checkbox"/>
7. Caste Certificate	<input type="checkbox"/>
8. Caste Validity Certificate	<input type="checkbox"/>
9. Non – Creamy Layer Certificate	<input type="checkbox"/>
10. Migration Certificate	<input type="checkbox"/>
11. Transference Certificate / Leaving Certificate	<input type="checkbox"/>
12. Affidavit regarding the Educational GAP	<input type="checkbox"/>
13. Undertaking on Stamp paper(Only one Xerox)	<input type="checkbox"/>



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NEW PARGAON – 416 137

Affix a
Passport
size Photo
here

Respected Sir,

I wish to seek the admission to Ist B.D.S. Course for the year _____ in your
Institution. I am giving below the necessary particulars as required by you.

1. Surname First Middle
- a) Candidate's Name: _____
(As per H. S.C. Certificate)
- b) Father's Name: _____ c) Mother's Name: _____
- d) Name in Marathi: _____

2. a) Address for Correspondence: _____

- b) Permanent Home Address: _____

- Pin Code:- _____ PinCode:- _____
Tel. No. :- _____ Tel. No. :- _____
Mob. No.:- _____ Mob. No.:- _____

3. a) Date of Birth: _____ b) Sex:- Male / Female:- _____
4. a) Asso – CET 200 Roll No. _____ b) Asso – CET 200 SML No.

5. Marks Obtained :-

EXAM	PHYSICS	CHEMISTRY	BIOLOGY	TOTAL MARKS	
				OBTAINED	OUT OF
ASSO – CET 200					200
HSC (XII Std.)					300

6. Category: - OPEN/ SC/ ST/VJ/ NT1/NT2/ NT3/ OBC/ SBC/ NRI :- _____

Date:-

Signature of the Parents / Guardian

Signature of the Candidate

- Encl: -1) Nationality Certificate 2) S.S.C. Passing Certificate 3) H. S.C. (XII Std.) Mark Sheet
4) Asso- CET Mark Sheet 5) Physical Fitness Cert. 6) Caste Certificate
7) Caste Validity Certificate 8) Non- Creamy Layer Cert. 9) Transfer Certificate / Leaving Cert.
10) Gap Certificate if applicable

- Note: - Kindly submits one set of attested Xerox copies of all above documents.
➤ For Office use only:-