

# AMC DENTAL COLLEGE

Bhalakia Mill Compound, Khokhra, Ahmedabad-380 008.

Please affix  
a recent  
passport size  
photograph  
here

## FIRST YEAR B.D.S. REGISTRATION FORM

1. NAME OF STUDENT  
SURNAME

STUDENT NAME

FATHER'S NAME

2. STUDENT PERMANENT ADDRESS

PIN CODE

MOBILE NO.

3. ADMISSION COMMITTEE ORDER NO. \_\_\_\_\_ DATE \_\_\_\_\_

4. MERIT NO. \_\_\_\_\_

MERIT MARKS \_\_\_\_\_

Physics	Chemistry	Biology	Total

Total Percentage \_\_\_\_\_%

5. STUDENT BIRTH DATE : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

6. CASTE CATEGORY OF ADMISSION \_\_\_\_\_ SUBCASTE \_\_\_\_\_

7. NAME OF LAST SCHOOL ATTENDED & ADDRESS

8. NAME OF 12th STD. BOARD CLEARED \_\_\_\_\_

9. AADHAAR CARD NO.

10. RECEIPT OF PAID ADMISSION COMMITTEE

Receipt No.

Bank's Name

Rs.

Date

Date : \_\_\_\_\_

STUDENT SIGNATURE

STUDENT'S PARENTS SIGNATURE

STUDENT SECTION

ASST. DIRECTOR  
AMC DENTAL COLLEGE

DEAN  
AMC DENTAL COLLEGE

Full Name:- \_\_\_\_\_

Guardian Name:- \_\_\_\_\_

Address:- \_\_\_\_\_  
\_\_\_\_\_

City:- \_\_\_\_\_ Pin code:- \_\_\_\_\_

Date of Birth:- \_\_\_\_\_ Gender:- \_\_\_\_\_

Category:- \_\_\_\_\_ Sub Category:- \_\_\_\_\_

PH:- Yes/No                      Blind:- Yes/No                      Minority:- Yes/No

Email:- \_\_\_\_\_

Religion \_\_\_\_\_ Blood Group \_\_\_\_\_ Admission Quota \_\_\_\_\_

Student Mobile No:- \_\_\_\_\_ Guardian Mobile No:- \_\_\_\_\_

### Student Identity Card Form

Full Name		
Address		
Unique Id. No.	Course Name /Standard/ Division	
Date of Birth	Admission Date	
Blood Group	Phone No.	Mobile No.
Remarks		

PLEASE  
AFFIXED YOUR  
PHOTO HERE

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Signature of Student

- Please fill All information in Block Letters
- Do not Staple Your Photo

# FORM OF CERTIFICATE

## MEDICAL CERTIFICATE OF EXAMINATION OF A CANDIDATE FOR ADMISSION TO MEDICAL & PARAMEDICAL COURSES

I hereby certify that I have examined Shri/ Kum/ Smt.....  
....., a candidate for admission to Medical/ Paramedical Course and  
cannot discover that he/she has any disease, constitutional weakness or bodily infirmity  
except.....

I do not consider this a disqualification for admission to the Medical/ Paramedical  
course. His/her age, according to his/her own statement, is ..... years and  
appearance is ..... years.

Marks of Identification: - \_\_\_\_\_

Impression of left thumb

- (1) Signature
- (2) Full Name
- (3) Qualification (Minimum M.B.B.S)
- (4) Registration No

Date:    /    /201

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## UNDER TAKING

I hereby agree to conform to the rules and regulations at present in force or that may hereafter be made for governance of Medical and Paramedical courses and i undertake that during such course, I will do nothing either inside or outside the college that will interfere with the orderly governance and discipline. I am also aware that ragging is banned and if found guilty, I shall be liable for cancellation of admission and punishment as per rules.

Date:

Place:

Signature of the Candidate

Signature of the Parent/ Guardian