DPU

Dr. D. Y. PATIL VIDYAPEETH, PUNE

(Deemed University)
(Re-accredited by NAAC with a CGPA of 3.62 on a four point scale at 'A' grade)
(An ISO 9001 : 2008 Certified University)
PIMPRI, PUNE 411 018.

FORM NO.

APPLICATION FORM FOR ALL INDIA COMMON ENTRANCE TEST - 2016 FOR ADMISSION TO MBBS / BDS COURSES

MACHINE READABLE FORM.

- TO BE FILLED IN **'BLOCK CAPITAL'** HANDWRITING ONLY. DARKEN APPROPRIATE CIRCLES. **(USE BLACK BALL POINT PEN)**
- PLEASE READ THE INSTRUCTIONS GIVEN IN THE BROCHURE BEFORE FILLING IN THE FORM.
- IF **NOT FILLED, AS PRESCRIBED, THE FORM WILL NOT BE ACCEPTED.**
- **DO NOT FILL THIS FORM IF YOU DO NOT FULFILL THE ELIGIBILITY CRITERIA.**

1. CANDIDATE'S NAME (AS GIVEN IN CLASS 10TH CERTIFICATE) :

2. SEX : MALE ◯ FEMALE ◯

3. CATEGORY : GENERAL ◯ NRI/PIO/FN ◯
(SEE INST NO. 6.18)

4. DATE OF BIRTH (SEE INST. NO. 6.7)
D D M M Y Y Y Y

5. CANDIDATE'S PHOTO
DO NOT STAPLE OR PIN THE PHOTOGRAPH, PASTE IT

6. ADDRESS FOR COMMUNICATION (SEE INST NO. 6.11)

PIN

7. COURSE OF CHOICE
(SEE INST NO. 6.8)
GIVE YOUR CHOICE 1/2

MBBS

BDS

CANDIDATE'S SIGNATURE

8. E-MAIL (IF ANY)

9. STATE

10. CHOICE OF CENTRE / CITY CODE (SEE INST NO. 6.14)

AHMEDABAD 11 ◯	CHANDIGARH 12 ◯	CHENNAI 13 ◯	HYDERABAD 14 ◯	INDORE 15 ◯	KOLKATA 16 ◯
LUCKNOW 17 ◯	MUMBAI 18 ◯	NAGPUR 19 ◯	NEW DELHI 20 ◯	PUNE 21 ◯	

11. SUBJECTS OFFERED IN 12TH / HSC (SEE INST NO. 6.12)

ENGLISH ◯	PHYSICS ◯	CHEMISTRY ◯	BIOLOGY ◯	OR (BOTANY & ZOOLOGY) ◯

12. TELEPHONES
(NOTE : FOR COMMUNICATION PURPOSE, IT IS ABSOLUTELY NECESSARY TO GIVE TELEPHONE & / OR MOBILE NO.)
STD CODE TELEPHONE MOBILE

13. YEAR OF PASSING (SEE INST NO. 6.13) SSC/10TH STD HSC/12TH STD APPEARING ◯

14. DETAILS OF DEMAND DRAFT
D. D. NO. AMOUNT IN RS. DATE OF ISSUE
D D M M Y Y Y Y

15. NAME OF THE BANK

16. NAME OF THE SCHOOL/COLLEGE FROM WHERE THE CANDIDATE HAS PASSED / APPEARED FOR HSC / 12TH STD. EXAM ALONG WITH FULL ADDRESS (PLACE, DISTRICT, STATE, COUNTRY)

DISTRICT

STATE & COUNTRY

17. NAME & ADDRESS OF PARENTS / GUARDIANS

ADDRESS

18. DECLARATION - I

A) I HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE & COMPLETE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT IF ANY INFORMATION HEREIN IS FOUND TO BE INCORRECT OR INCOMPLETE, MY APPLICATION FORM WILL BE REJECTED / ADMISSION WILL BE CANCELLED.

B) IF ADMITTED TO Dr. D. Y. PATIL MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, PIMPRI, PUNE / Dr. D. Y. PATIL DENTAL COLLEGE & HOSPITAL PIMPRI, PUNE OF Dr. D. Y. PATIL VIDYAPEETH, PUNE, I SHALL ABIDE BY ITS RULES & REGULATIONS.

C) I HAVE READ AND UNDERSTOOD ALL THE PROVISIONS CONTAINED IN THE BROCHURE AND HEREBY AGREE TO ABIDE BY THOSE PROVISIONS.

SIGNATURE OF THE CANDIDATE

19. DECLARATION - II

A) I, THE PARENT / GUARDIAN OF THE APPLICANT HEREBY DECLARE THAT I AM AWARE OF THE FINANCIAL OBLIGATIONS OF ADMITTING MY CHILD / WARD TO Dr. D. Y. PATIL MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, PIMPRI, PUNE / Dr. D. Y. PATIL DENTAL COLLEGE & HOSPITAL PIMPRI, PUNE. I AGREE TO PAY THE TUITION AND OTHER FEES PAYABLE TO THE INSTITUTION AS FIXED FROM TIME TO TIME AS PER THE RULES OF Dr. D. Y. PATIL VIDYAPEETH, PUNE. I ALSO AFFIRM AND ENDORSE THE DECLARATION MADE ABOVE BY MY CHILD / WARD.

PLACE

DATE

SIGNATURE OF PARENT / GUARDIAN

NAME OF PARENT / GUARDIAN

FOR OFFICE USE ONLY

ENTRANCE TEST FEE RS.

RECEIVED IN CASH/DD
RECEIPT NO.