APPLICATION FORM FOR ALL INDIA POST GRADUATE DENTAL ENTRANCE TEST - II - 2016 (AIPGDET-II-16)

INSTRUCTIONS :-
1. Read all the instructions in the Brochure before completing the form.
2. Write in the boxes with Black Ball Point Pen in Capital Letters only.

1. Candidates Name (As given in Degree Examination)

2. Address for Communication

3. State :

4. Email :

5. Sex :       Male   Female       6. Date of Birth :   D   D   M   M   Y   Y   Y   Y

6. Category : General   NRI / PIO / FN

8. Telephones :

9. Details of Demand Draft :

10. Name of the Bank :

Please mark the appropriate box with    mark

11. D. C. I. Registration : Yes   No   Registration No.   ________________

12. State D. C. Registration : Yes   No   Registration No.   ________________
13. Domicile of Maharashtra: Yes [ ] No [ ] Domicile State ____________________________

14. Whether admitted to and pursuing a post graduate course elsewhere? Yes [ ] No [ ]

15. First BDS:
   Year of Passing ____________ Percentage of Marks ____________ Attempt ____________

16. Second BDS:
   Year of Passing ____________ Percentage of Marks ____________ Attempt ____________

17. Third BDS:
   Year of Passing ____________ Percentage of Marks ____________ Attempt ____________

18. Fourth BDS:
   Year of Passing ____________ Percentage of Marks ____________ Attempt ____________

19. Internship Completion Date D ____________ M ____________ Y ____________ Y ____________ Y ____________

20. Name of the University: ____________________________________________________________

21. Subject Preferences for PG Course:
   1) ____________________________________________________________
   2) ____________________________________________________________
   3) ____________________________________________________________

22. Declaration - I
   (a) I hereby declare that the above information is true and 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 Dental College and Hospital Pimpri, Pune of Dr. D. Y. Patil Vidyapeeth, Pune, I shall abide by its Rules and 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 ____________________________

23. 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 Dental College and 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: ____________________________________________________________
   Parent / Guardian's Name: __________________________________________
   Signature of the Parent/Guardian ____________________________