



# S.R.M. DENTAL COLLEGE & MEDICAL RESEARCH CENTRE

VPO Kharakheri, Distt. Fatehabad (Haryana)

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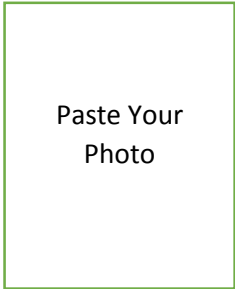
## REGISTRATION FORM FOR ADMISSION TO BDS COURSES – 2015-16

(To be filled in by the candidate in his/her own handwriting)

Whether appeared in NEET/Any State PMT Exam : Yes/No

If Yes than Roll. No. .... Marks Obtained/Rank:.....

1. Name of Student (In Capital Letters) : .....
2. Father's Name (In Capital Letters) : .....
3. Mother's Name (In Capital Letters) : .....
4. Date of Birth : .....
5. Sex : .....
6. Nationality : .....
7. Category (General or SC/ST/OBC) : .....  
If reserved, give details
8. Permanent Address (In capital letters) : .....  
.....
9. Correspondence Address/Local Guardian's Address : .....  
.....
10. Father's Occupation : .....  
Phone No. (With STD code)/Mobile No. : .....



Qualifying Exam (10+2) passed from Marks obtained : Haryana Board/CBSE/ICSE/Others

(Strike off which ever is not applicable)

Subject	Max. Marks	Marks Obtained	%age
Physics			
Chemistry			
Biology			
<b>Total</b>			
English			

- 11. Ever disqualified from studies : Yes/No
- 12. Name & Address of local : .....
- Guardian, if any : .....
- a) Relationship : .....
- b) Phone No./Mobile No. : .....

**UNDERTAKING**

- i) I undertake that I will not indulge myself in any act of indiscipline.
- ii) That I understand that the admission is being offered to me on the basis of information furnished by me. In case any information or particulars are found incorrect/false or any fact is found concealed, my admission shall stand automatically cancelled and I forgo every right to claim for it.
- iii) That I further undertake that I will make all the payments in time as notified by the institute from time to time.
- iv) That I further understand that my admission shall stand cancelled in case I absent myself from the classes continuously for on week without any intimation.
- v) I further solemnly declare and affirm that the information detailed by me in the admission form is correct to the best of my knowledge & belief and nothing has been concealed therein.

.....  
Signature of Student

**UNDERTAKING BY PARENTS/GUARDIAN**

- i) I undertake that I will make payments of fees and other dues in respect of my son/daughter/ward to the institute well in time.
- ii) I further undertake that I will be in touch with my son/daughter/ward in connection with his/her performance/progress in studies, attendance and semester results.
- iii) I shall be visiting the institute at least twice a semester to monitor the performance of my son/daughter/ward.

Date : .....  
Signature of Parents/Guardian

**(For Office Use Only)**

(Verified that the above mentioned information/eligibility has been found correct on checking)

Roll No. : \_\_\_\_\_ Course : \_\_\_\_\_ Adm. Receipt No. : \_\_\_\_\_

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

**Signature of eligibility checking official**

**Superintendent**

**Registrar**

**Principal**

## LIST OF DOCUMENTS REQUIRED AT THE TIME OF ADMISSION

1. Following documents in support of educational qualification (if original) and three photocopies.
  - (a) 10<sup>th</sup> & 12<sup>th</sup> Passing Certificate
  - (b) 10<sup>th</sup> & 12<sup>th</sup> Marksheet
  - (c) Migration/Transfer Certificate
2. Two plain Stamp Paper of Rs. 10/- each in the name of student.
3. Two plain Stamp Paper of Rs. 10/- each in the name of Father/Guardian
4. Six Passport size photograph and four stamp size photograph of student.
5. PC-PMT/Admit Card, Allotment Letter and Marksheet
6. Original Certificate from Intuition last attended in original and three photocopies
  - (a) 10<sup>th</sup> & 12<sup>th</sup> Passing Certificate
  - (b) 10<sup>th</sup> & 12<sup>th</sup> Marksheet
  - (c) Migration/Transfer Certificate

### Payment Structure

1. Fee is to be paid by Cash/Demand Draft. Payble in favour of S.R.M. Dental College & Medical Research Centre, VPO – Kharakheri, Distt. Fatehabad (Haryana)
2. Cash Security/Bank Guarantee for the fees of subsequent year have to be deposited at the time of admission.

# CERTIFICATE OF MEDICAL FITNESS

## (For admission to Dental Surgery Course in Haryana)

To be obtained only from Gazette Government Medical Officer/Medical Officer of a Government Undertaking. Please note that this certificate in no other form will be accepted. Medical Certificate issued by private medical practitioners will not be accepted.

(Please refer to prescribed standards given overleaf)

Name (in Block letters) : .....

Father's Name : .....

Height : ..... Weight : .....

Chest : ..... Heart & Lungs : .....

Vision : L : ..... R : .....

Colour Vision : ..... Hearing : .....

Hernia/Hydrocele/Piles : .....

Remarks : .....

I certify that I have carefully examined Sh./Km./Sm. ....  
Son/daughter of Sh. ...., who has signed in my presence.  
He/She has no mental and Physical disease and is FIT.

.....

Signature of the Candidate

.....

Signature of the Medical Officer with legible seal

Station : ..... Date .....

### PRESCRIBED MEDICAL STANDARDS FOR ADMISSION

Dental profession demands good physique and stamina. An applicant who suffers from any organic defect or does not have sound health so as to bear the strain of the course which must be heightened in his/her professional life would be well advised not to take up the dental Profession. He/She must fulfill the following medical standards.

Height : Not less than 1.5 meter for male candidates, and not less than 1.2 meter for female candidates.

Weight : 50 Kg. Approximately for male candidates and 40 kg. Approximately for female candidates.

Chest measurement : Not less than 69 cms with satisfactory limit of expansion and contraction for male candidates only.

Heart & Lungs : No abnormality

Hernia/Hydrocele : Presence of these is a temporary disqualification to be & rectified before joining the course of study

Vision : Normal, where defective, it should be corrected to 6/9 in the better eye and 6/12 in the worse eye.  
Eye should be free from congenital and other disease.

Hearing : Normal, where defective, it must be corrected.