



Cost of Application form :Rs.100/-

For application downloaded from the Web site, candidates are instructed to pay Rs.50/- in addition to the prescribed fees for registration, otherwise it will be rejected.)

THE TAMILNADU Dr. M.G.R. MEDICAL UNIVERSITY

No. 69, Anna Salai, Guindy, Chennai – 600 032.

**APPLICATION FOR REGISTRATION FOR PG COURSES
DENTAL
M.D.S.**

(Incomplete Applications will be rejected)

Name of the Course

With Speciality

:

Year of Admission

:

1. Name of the applicant

(as entered in the Qualifying Certificate)

:

2. Sex

:

3. Date of Birth and Age

(Proof should be attached)

:

4. (a)Name of Father/Guardian

:

(b)Name of Mother

:

5. Community

:

6. Date of Joining the course

:

7. Name of the Institution

:

8. PRESENT ADDRESS:

PERMANENT RESIDENTIAL ADDRESS :

Passport size
Photograph
attested by
the Dean/
Principal.

Email id :

Mobile :

Landline :

9.

Qualification of the Applicant	Month & Year of passing the Examination with Register Number	Month & Year of Convocation in which the degree was obtained
(a) B.D.S.		

10. College or Institution from where the applicant qualified for B.D.S. :

11. If the candidate had passed B.D.S. examination from a University other than this University/outside the State of Tamil Nadu, furnish the following particulars

(a) The name of the University from where the Candidate qualified for B.D.S. Examination :

(b) The State in which the University is situated. :

(c) Whether recognition certificate has been obtained from this University :

(d) If recognition certificate has been obtained quote the number and date of this office letter, communicating the certificate :

(e) Migration certificate :

12. Whether the Degree Qualification has been registered In the State Council

(a) Mention the name of State Council

(b) Permanent Regn. No. and Date :

...3....

13. Category in which admitted to the course
[Govt. quota/Management quota] :
14. Eligibility Certificate Number and date :
15. Signature of the Professor / Head of the
Department of the Speciality :
16. The following documents should be produced in original along with the
prescribed fees
1. Degree Certificate
 2. Transfer Certificate
 3. Community Certificate
 4. Eligibility Certificate
 5. Migration Certificate
 6. Proof for Date of Birth
 7. Order of the Selection Committee
 8. Dental Council Registration Certificate
17. (a) Blood Group :
(Certificate from a competent person
should be enclosed)
- (b) Contact Phone No. :
- (c) Willingness to donate blood :

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DECLARATION BY THE CANDIDATE

I declare that the above mentioned particulars are true and I will not claim/ask for any change with regard to any of the particulars furnished above.

I agree to abide by the rules and regulations of the University as framed from time to time.

Signature of the Candidate with Date.

CERTIFICATE BY THE HEAD OF THE INSTITUTION

The above mentioned details are certified to be true after due verification with the relevant documents and I hereby recommend the candidate for registration.

Place :
Date :
Seal :

Signature of the Head of the Institution.
