



Chhatrapati Shahu Maharaj Shikshan Sanstha's  
**DENTAL COLLEGE & HOSPITAL**  
KANCHANWADI, PAITHAN ROAD, AURANGABAD-431002. (M.S.)  
(Recognized by Dental Council of India  
Under Maharashtra University of Health Science, Nashik.)

Passport size  
photograph of  
The student

**ADMISSION FORM II, / III, / IV B.D.S.**

01. STUDENTS NAME : \_\_\_\_\_
02. FATHER'S NAME : \_\_\_\_\_
03. DATE OF BIRTH : \_\_\_\_\_
04. EMERGENCY CONTACT : \_\_\_\_\_  
TEL / MOBILE NO. \_\_\_\_\_
05. FATHER/GUARDIAN'S ADRESS : \_\_\_\_\_
- A) PERMANENT : \_\_\_\_\_
- B) TEMPORARY : \_\_\_\_\_
06. LOCAL GUARDIAN'S ADDRESS : \_\_\_\_\_
- LOCAL GUARDIAN'S : \_\_\_\_\_  
TEL NO. & MOBILE NO. \_\_\_\_\_
07. YEAR IN WHICH ADMITTED TO : \_\_\_\_\_  
I ST YEAR ( BATCH ) \_\_\_\_\_

DATE: / /

SIGNATURE OF STUDENT  
CLASS: \_\_\_\_\_ B.D.S.

**FOR OFFICE USE ONLY**

- I) DATE OF ADMISSION : \_\_\_\_\_
- II) FEES RECEIPT NUMBER : \_\_\_\_\_
- III) FEES : \_\_\_\_\_
- IV) SCHOLARSHIP / FREE SHIP : \_\_\_\_\_

CLERK

LIBRARY

O.S.

I/C ACADEMIC.

DEAN

A.O.(SANSTHA)