

C.S.M.S.S. DENTAL COLLEGE & HOSPITAL, AURANGABAD.

To,
The Dean/A.O.(Sanstha),
C.S.M.S.S. Dental College & Hospital,
Kanchanwadi, Paithan Road,
Aurangabad – 431011.

PHOTO

APPLICATION FORM FOR 15% QUOTA (VACANCY AGAINST NRI QUOTA)**ADMISSION TO IST B.D.S. IN THE A.Y. 2017-18**

Ref: as per your Admission advertisement dated. / /201

My details are as follows:

1. NEET-UG-2017 All Rank No.: _____

2. Name of Candidate (IN CAPITAL LETTER)

Surname First Name Middle Name

3. Residential Address: _____

4. Name of Father / Mother: _____

5. Occupation & Permanent Address: _____

6. Tele. No.:- (Res.) _____ (Mob.) _____, _____

7. Birth Date (DD/MM/YY) : / /

8. Gender: Male () Female ()

9. Religion: _____ Caste & Sub-Caste: _____

10. Category: Open / SC / ST / VJ / NT1 / NT2 / NT3 / OBC

11. Marks Obtained:-

Exam	Physics	Chemistry	Biology	Total Marks	% tage
XII th SCI./H.S.C.					
NEET UG - 2017					

Sign. of Parent

Date: / /20

Sign. of Candidate

Date: / /20

Encl: **All Attested Xerox set of following documents**

1. NEET UG 2017 Mark Sheet
2. 10th Mark Sheet
3. 10th Passing Certificate
4. 12th Passing Mark sheet
5. Nationality, Age & Domicile Certificate
6. Leaving Certificate (H.S.C.)
7. Medical Fitness Certificate
8. Caste Certificate (if applicable)
9. Caste Validity Certificate (if applicable)
10. Non Creamy Layer Certificate (if applicable)