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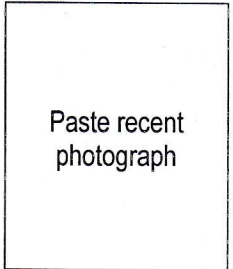
MAHATMA GANDHI MISSION'S DENTAL COLLEGE & HOSPITAL
Junction of NH-4 and Sion Panvel Expressway,
Sector-1, Kamothe, Navi Mumbai- 410 209
Ph. No.27436604, Fax: 91-22-27433185
E-Mail ID mgmdch@mgmmumbai.ac.in

APPLICATION FORM FOR 15% NRI / AGAINST NRI QUOTA FOR I BDS 2016-17

Name of Candidate (IN CAPITAL LETTER)

SURNAME **FIRST NAME** **MIDDLE NAME**

Residential Address: _____



Paste recent
photograph

Telephone No. (Mob.) _____ (E-Mail.) _____

Birth Date (dd/mm/yyyy) _____ Sex: Male () Female ()

Category: _____

NEET-UG 2016 All India Rank _____ Roll No. _____ Percentile Score _____

Marks Obtained:

Examination	Physics	Chemistry	Biology	Total
NEET-UG 2016				
HSC (12 th Std.)				

Encl: Attested Copies of following documents:

- 1) NEET-UG 2016 Mark Sheet, 2) HSC Mark sheet 3) SSC Passing Certificate 4) Nationality and Domicile Certificate
- 5) College L. C. 6) Cast Certificate 7) Cast Validity Certificate 8) Non-Creamy layer Certificate

Signature of Candidate

Signature of Parent

Date: _____

Date: _____

Acknowledgement Receipt

Received application form for admission to I BDS Course for 15 % NRI / Against NRI Quota A. Y. 2016-17, from

Mr./Ms. _____

NEET-UG 2016 Roll No. _____

Application Form No. _____

Date: _____

Signature of receiving officer with stamp