



**DETAILS OF 10 + 2**

MONTH AND YEAR
SCHOOL/COLLEGE
BOARD/UNIVERSITY

**SUBJECTWISE MARKS OF 10 + 2**

SUBJECT	MARKS MAXIMUM	MARKS OBTAINED	% OF MARKS
<b>TOTAL</b>			

**MARK DETAILS FOR PG/DIPLOMA COURSES**

QUALIFYING EXAM	SCHOOL/ COLLEGE	BOARD/ UNIVERSITY	YEAR/ SEMESTER	MARKS MAXIMUM	MARKS OBTAINED	% OF MARKS	MONTH & YEAR
			I YR / I SEM				
			II YR / II SEM				
			III YR / III SEM				
			IV YR / IV SEM				
			V YR / V SEM				
			VI YR / VI SEM				
			VII YR / VII SEM				
			VIII YR / VIII SEM				
			<b>TOTAL</b>				

**COLLEGE RECOGNITION**

**NATIONALITY**

**DATE OF COMPLETION OF INTERNSHIP**

DATE	MONTH	YEAR

**GATE/NATA/MANAGEMENT TEST SCORE**

TEST NAME	TEST DATE	FORM NO	SCORE

**WORK EXPERIENCE, IF ANY**

YEARS	MONTHS

**PG DIPLOMA, IF ANY**

**ENTRANCE TEST FEE DETAILS**

PAYMENT OPTION	NUMBER	DATE	AMOUNT	ISSUING BRANCH NAME	ISSUING BRANCH CODE
DEMAND DRAFT					
BANK CHALLAN					

**DECLARATION:** I hereby declare that all the particulars stated in this application form are true to the best of my knowledge and belief. I have read and understood all provisions of admissions and agree to abide by them. I also affirm that I fulfill the eligibility requirements for the course/s applied. In event of submission of fraudulent, incorrect or untrue information or suppression or distortion of any fact like educational qualification, marks, nationality etc., I understand that my admission/degree is liable for cancellation. I further understand that my admission is purely provisional subject to the verification of the eligibility conditions.

.....  
SIGNATURE OF PARENT/GUARDIAN

.....  
SIGNATURE OF APPLICANT

**Association of  
Private Dental and  
Medical Colleges of  
Madhya Pradesh, Bhopal**