



KALKA GROUP OF INSTITUTIONS

(Kalka Dental College & Hospital Partapur Bypass Road, Meerut-250006)

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Admission Help Line:- +91-9368880777 Email :- kalkabdsadmissions@gmail.com

Website:- www.kalkaeducationalociety.com

Pre-Registration Application Form for BDS/MDS

INSTRUCTIONS:-

1. Please read instructions carefully.
2. Write in capital letters only in the box.
3. Mark the choice of the course in the box.

PHOTO

Course Applying For

BDS

MDS

Qualifications

FOR BDS				
Level	Exam Passed	Year of Passing	Name of Board/Univ.	% of Marks
12 th				
FOR MDS				
BDS Ist Year IInd Year IIIrd Year IVth Year				
Internship	Date of Completion:			
State Dental Council Registration	Registration no.		Date of Registration:	

UG NEET/PG NEET 20.....	Roll No	Appeared	Qualified

***The Pre-registration fee is completely refundable subjected in case:**

1. Applicant fails to qualify UG/PG NEET.
2. Applicant gets admission in MBBS (Govt./ Private seat) or BDS/MDS (Govt. Seat only).
3. The candidate has to produce documentary proof to claim refund.
4. The Pre-registration fee will not be refunded if the above conditions are not satisfied.

I have read all the terms & conditions carefully and are acceptable to me.

Date:-.....

Place:-.....

Signature of Applicant

Signature of Parent/Guardian

Admission Cell

Kalka Dental College & Hospital, Meerut UP

Contact No. **+91-9368880777**

Email:- kalkabdsadmissions@gmail.com

Website:- www.kalkaeducationsociety.com



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