

DASWANI DENTAL COLLEGE & RESEARCH CENTER

IPB-19, RIICO Institutional Area, Ranpur, Kota, Rajasthan

Ph. 0744-2505469, Fax-0744-2505469, Mobile:+91-9001822638,+91-9829093380..
Website :http://www.daswanidentalcollege.com, E-mail: anildaswani638@gmail.com.



PHOTO

(Fill in correctly & detach from prospectus)

FILL IN BLOCK LETTER ONLY

Name of the Applicant (Surname First)

Mr./Ms. _____

Date of Birth

Father's Name : _____ Occupation : _____ Annual Income : _____

Mobile No (Parent) : _____ Mobile No (Applicant) : _____

Permanent Address : _____

City : _____ Dist : _____ State : _____ PIN : _____

Correspondance Address : _____

City : _____ Dist : _____ State : _____ PIN : _____

E-mail Address (Compulsory) : _____

Educational Detail : Medium of Education _____

Std.	Board/University	Year	Phy./Sc.%	Chem. /Sc. %	Biology %	Eng %	Total % age (All Sub.)

Hostel : Required / Not Required _____

Declaration

I Hereby declare that the information given in the application form is true and correct to the best of my knowledge and belief. I have read all the rules and regulations to be following as a student and promise to abide by them.

Signature (Parent/Guardian)

Signature (Student)

Place :

Date:

Information about DASWANI DCRC from

N' Paper Advt.

Website

Representative

Exhibition

Friends

Any other (Pl. Specify)

For Office Use Only

Admission Granted to :

Course : _____

Student No. _____

Representative Name & Seal

Director

Daswani Dental College & Research Center