



# MES DENTAL COLLEGE

P E R I N T H A L M A N N A

Palachode (P.O), Malaparamba, Kolathur (Via)

Malappuram District, Kerala State, Pin 679 338

Phone: 04 933 - 298405 Fax: 04 933 - 258400

Email: mesdentalcollege06@yahoo.com Website: [www.mesams.com](http://www.mesams.com)

(Managed by the Muslim Educational Society Regd.), Calicut)

## APPLICATION FOR ADMISSION TO BDS DEGREE COURSE 2022-2023

**MERIT QUOTA**

**NRI QUOTA**

Note:

1. Please read the instructions carefully before filling the application form.
2. Fill in every column without fail. Defective and incomplete application will be rejected.
3. Use only "BLOCK LETTERS" to fill in the application form.
4. The application form should be filled in by the applicant in his/her own handwriting

Affix Photo  
Of the  
candidate

1.	Name of applicant (as in school Register)																				
2.	Age & Date of Birth in Christian Era										Age		Day		Month		Year				
3.	Nationality					4) Annual Income of the family															
5.	Religion & Caste										SC/ST/OEC/OBC										
6.	Sex : Male/ Female										7.	Blood Group									
8.	Adhar Number																				
9	Name & Address of Parent																				
	Father / Mother																				
	Name																				
	Door No./House Name																				
	Area/Street/Road																				
	Post Office																				
	District,																				
	Pin code																				
	Mobile																				
	Occupation																				
	E mail ID																				

10	<b>Address for communication (if guardian, mention relationship)</b>														
	Name														
	Door No./House Name														
	Area/Street/Road														
	Post Office														
	District														
	Pin code														
	Mobile No.														
	Email ID														

<b>Details of Medical entrance exam (NEET-2022)</b>					
A)	Roll No	Application No	Total Marks (720)	Percentile score	NEET All India Rank
<b>KEAM-2022</b>					
B)	Roll No	Application No	Medical Rank		
<b>Details of qualifying exam (Plus Two)</b>					
11	Name of Examination Board				
12	Name of the qualifying examination passed				
13	Month & Year of Examination				
14	Register No. for the Examination				
15	Name of institution last studied				

Subjects	Marks scored		Maximum Marks	Percentage of Marks
	In figures	In words		
Part I English				
Part II - Additional Language (.....)				
<b>Part III - Optional Subjects</b>				
Physics				
Chemistry				
Biology				
<b>Total for Optional Subjects</b>				
<b>Grand Total</b>				

**DECLARATION**

I hereby solemnly and sincerely affirm that the statements and information furnished above and in the enclosure submitted by me are true. If any of the information furnished therein is later found to be false in material particulars or in any other manner, I am aware that I am liable to criminal prosecution, besides forfeiting the right of my continuance in the MES Dental College.

Signature of Parent/Guardian of the applicant:

Signature of the applicant :

Name :

Name:

Place :

Date :