



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

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

APPLICATION FOR ADMISSION TO BDS DEGREE COURSE 2025-2026

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) | | | | | | | | | | | | | | | | | | | | | |
| | Expand Initials | | | | | | | | | | | | | | | | | | | | | |
| 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/OBCH/OBC & FISHERIES | | | | | | | | | |
| 6. | Sex : Male/ Female | | | | | | | | | | 7. | Blood Group | | | | | | | | | | |
| 8. | Adhar Number | | | | | | | | | | | | | | | | | | | | | |
| 9 | Name & Address of Parent (Permanent address –same as in Aadhar Card) | | | | | | | | | | Father / Mother | | | | | | | | | | | |
| | Name | | | | | | | | | | | | | | | | | | | | | |
| | Door No./House Name | | | | | | | | | | | | | | | | | | | | | |
| | Area/Street/Road | | | | | | | | | | | | | | | | | | | | | |
| | Post Office | | | | | | | | | | | | | | | | | | | | | |
| | District, | | | | | | | | | | | | | | | | | | | | | |
| | Pin code | | | | | | | | | | | | | | | | | | | | | |
| | Mobile | | | | | | | | | | | | | | | | | | | | | |
| | Occupation | | | | | | | | | | | | | | | | | | | | | |
| | E mail ID | | | | | | | | | | | | | | | | | | | | | |

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

| Details of Medical entrance exam (NEET-2025) | | | | | |
|--|---|----------------|-------------------|------------------|---------------------|
| A) | Roll No | Application No | Total Marks (720) | Percentile score | NEET All India Rank |
| | | | | | |
| KEAM-2025 | | | | | |
| B) | Roll No | Application No | Medical Rank | | |
| | | | | | |
| Details of qualifying exam (Plus Two) | | | | | |
| 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 (.....) | | | | |
| Part III - Optional Subjects | | | | |
| Physics | | | | |
| Chemistry | | | | |
| Biology | | | | |
| Any Other Subject (.....) | | | | |
| Total for Optional Subjects | | | | |
| Grand Total | | | | |

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 :

ANTI RAGGING AFFIDAVITS BY STUDENTS AND PARENTS / GUARDIANS

Student's family name* :

Student's middle name * :

Student's first name* :

Gender : Male /female

Nationality* :

Students' mobile number * :

Student's friend's mobile number in case of an emergency * :

Landline number * :

Student's E-mail ID* :

Permanent address 1* :

City* :

State* :

Parent / Guardian details

Parent / Guardian's name * :

Parent / Guardian Address 1* :

City* :

State * :

Residence Phone Number * :

Mobile no of parent/guardian * :

Parent/guardian's email ID*

*** are compulsory**

UNDERTAKING BY THE STUDENT

1. I S/o , D/o ___of Mr./ Mrs./ Ms.....have carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central / state Government in this regard.
2. I have received a copy of the DCI Regulations of Curbing the Menace of Ragging in Dental College. 2009 and have carefully gone through it.
3. I hereby undertaking that
 - I will not include in any behavior or act that my come under the definition of ragging.
 - I will not participate in or abet or propagate ragging in any form.
 - In will not hurt anyone physically or psychologically or cause in any other harm.
4. I hereby agree that if found guilty of any aspect of ragging. I may be punished as per the provisions of the DCI Regulations mentioned above and or as per the law in force.
5. I hereby affirm that I have not been expelled or debarred from admission by any institution.
Signed thisdaymonth of.....year

Signature

Address

.....

.....

1. Witness
2. Witness

Annexure I (Part II)

UNDERTAKING BY THE PARENT/GUARDIAN

1. I
F/o , M/o G/o ofhas carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central / state Government in this regard as well as the DCI Regulations on Curbing the Menace of Ragging in Dental College,2009
2. I assure you that my son/ daughter /ward will not indulge in any act of ragging.
 - I hereby agree that if found guilty of any aspect of ragging. I may be punished as per the provisions of the DCI Regulations mentioned above and or as per the law in force.
 Signed thisdaymonth of.....year

Signature

Address

.....

.....

.....

- 1 Witness
- 2 Witness

**Undertaking form the Students as per the provisions of anti-ragging
verdict by the Hon'ble Supreme Court**

I, Mr./Ms....., Roll No.:.....,
Program:..... Batch (year),
student ofdo hereby undertake on this
day..... month....., year.....the following

1. That I have read and understood the directives of the Hon'ble Supreme Court of India on anti-ragging and the measures proposed to be taken in the above references.
2. That I understand the meaning of Ragging and know that the ragging in any form is a punishable offence and the same is banned by the Court of Law.
3. That I have not been found or charged for my involvement in any kind of ragging in the past. However, I undertake to face disciplinary action/legal proceeding including expulsion from the institute if the above statement is found to be untrue or the facts are concealed, at any stage in future.
4. That I shall not resort to ragging in any form at any place and shall abide by the rules/laws prescribed by the Courts, Govt. of India and the institute authorities for the purpose from time to time.

Signature of Student

I hereby fully endorse the undertaking made by my child/ward.

Signature of Mother / Father and or Guardian

Witness: