MES DENTAL COLLEGE, PERINTHALMANNA

Palachode (P.O), Malaparamba, Kolathur (Via)
Malappuram - District, Kerala - State, Pin - 679 338
Phone: 04933 – 298405, Email: mesdentalcollege06@yahoo.com
Website: www.mesdc.edu.in
(Managed by the Muslim Educational Society Regd., Calicut)

APPLICATION FOR ADMISSION TO BDS DEGREE COURSE (2026-2027)

Application No. (For Office Use Only)					Affix Photo of the candidate
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.					
1	Name of the applicant (as in school certificate SSLC/CBSE 10th)				
	Expand Initial				
2	Age & Date of Birth in Christian Era	**Age**	**DD**	**MM**	**YYYY**
3	Nationality				
4	Aadhar Card Number				
5	Blood Group				
6	Gender (Please Tick Mark in the Box)	**Male**	☐	**Female**	☐
7	a) Religion & Caste				
	b) Whether the candidate belongs to SC/ST/OEC? If Yes, specify the category				
	c) Whether belongs to Non-creamy layer				
8	**Details of Parents**	**Father**		**Mother**	
	Name				
	Mobile No.				
	Email ID				
	Occupation				
	Annual Income				
9	**Address for Communication** Door No./House Name				
	Area/Street/Road				
	Post Office				
	State		District		Pin code
	Mobile Number (Student)				
	Email ID (Student)				

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10	**Permanent Address** (if different from 9 above) Door No./House Name					
	Area/Street/Road					
	Post Office					
	State		District		Pin code	
	Mobile No.					
11	State the category to which the applicant belongs (Please Tick Mark in the Box)			An Indian citizen of Kerala origin		☐
				A Non-Keralite Indian citizen		☐
12	**Name of Guardian with Relationship**					
	Address Door No./House Name					
	Area/Street/Road					
	Post Office					
	State		District		Pin code	
	Mobile No.					
	Email ID					
	Aadhar Number					
13	**Details of National Eligibility Cum Entrance Test – NEET (UG) 2026**					
	a) Roll No.					
	b) All India Rank					
	c) Marks Obtained					
	d) Percentage Score					
	e) Percentile Score					
14	**Details of KEAM - 2026**					
	a) Roll No.					
	b) Rank					

DECLARATION

1. We 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, we are aware that we are liable to criminal prosecution, besides forfeiting the right of continuance of the applicant in the MES Dental College, Perinthalmanna.
2. We undertake to submit all the required certificates in original at the time of counseling and during the admission process failing which my claim for selection shall be forfeited by the authority concerned.

Signature of Parent/Guardian of the Applicant: Signature of the Applicant:

Place :

Date :

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FORM FOR MARK SHEET

Please fill in the marks obtained in the qualifying examination in this form.

Note: Please write the name of additional/optional subjects in the space provided and enter the marks. (In the case of those whose marks cannot be produced in this form, they need fill up only the Grand total row). Attested copy of mark list should be enclosed

1	Name of the Applicant	
2	Name of the Qualifying Examination Passed	
3	Month & Year of Examination	
4	Name of University/Board	
5	Register No. for the University/Board Examination	
6	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 – Science Subjects				
Physics				
Chemistry				
Biology				
Total for PCB Subjects				
Any Other Subject (----------)				
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 as BDS student in the MES Dental College.

Signature of Parent/Guardian of the Applicant: Signature of the Applicant:

Place :

Name:

Date :

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BDS ADMISSION 2026-2027

DECLARATION

I…… a student seeking admission for BDS course (2026-27) in MES Dental College, Perinthalmanna have not produced at the time of reporting for admission the following certificates/documents.

However, I am being admitted provisionally to the BDS course in MES Dental College, Perinthalmanna based on my promise and undertaking that I would produce the above mentioned certificates/documents within one week, failing which my admission to the BDS course in MES Dental College, Perinthalmanna is liable to be cancelled. I will not hold the Principal or Management of the MES Dental College, Perinthalmanna responsible for any hardship, inconvenience or economic loss which might be incurred to me due to such cancellation of my admission in the aforesaid College.

Name and Signature of the Student :

Place and Date :

Name of the Parent :

Counter signed by the Parent :

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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 this ……..day ……month of……year

Signature

Address ……
……
……

1. Witness
2. Witness

UNDERTAKING BY THE PARENT/GUARDIAN

1. I
   ……
   …. F/o , M/o G/o of ……has 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 this ……..day ……month of……year

Signature

Address ……
……
……
……

1 Witness
2 Witness

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Undertaking from the Students as per the Provisions of Anti-Ragging Verdict by the Hon'ble Supreme Court of India

I, Mr. /Ms……
Son/Daughter of ……and
Student of BDS in ……do
Hereby undertake on this day……, the following with respect to the anti-ragging verdict and directives of the Hon.Supreme Court of India on effective prevention of ragging in educational institutions.

1) That I have read and understood the directives of the Hon'ble Supreme Court of India on anti-ragging and the measures that might be taken for violation of the directives.

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 any involvement in any kind of ragging in the past. However, I undertake to face disciplinary action/ legal proceedings including expulsion from the institute if the above statement is found to be untrue 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, Government of India and authorities of the …… (Name of college) for the purpose from time to time.

Name and signature of Student

I hereby fully endorse the above undertaking made by my son/ daughter……

Name and signature of Father/Mother

Witness: 1.

Witness: 2.

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DECLARATION

(Regarding the Institutional Protocol)

I, _____ (Student Name), admitted to the BDS Course at MES Dental College, Perinthalmanna, hereby declare that I have read and understood the terms and conditions of admission mentioned in the institution Prospectus, as well as the rules, regulations, and protocols to be followed by me as a student of this institution.

I undertake to abide by all the rules and regulations of the College and comply with them faithfully throughout my course of study.

Name of student: **Signature:**

I……..(Name of parent) parent of ……admitted to the BDS course at MES Dental College shall abide the institutional protocols mentioned in the prospectus without fail.

Name: **Signature:**