# MES DENTAL COLLEGE

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

P a l a c h o d e (P.O), M a l a p a r a m b a, K o l a t h u r (Via)
M a l a p p u r a m D i s t r i c t, K e r a l a S t a t e, Pin 679 338
P h o n e: 0 4 933 – 298405 Fax: 04 933 – 2 5 8 400
Email: mesdentalcollege06@yahoo.com Website: www.mesams.com

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


Application No.

Affix Photo of the candidate

## APPLICATION FOR ADMISSION TO MDS COURSE 2026-27

**GENERAL QUOTA** | **NRI QUOTA**

| | | | | | |
|---|---|---|---|---|---|
| 1. | Name of the PG course for which admission sought | | | | |
| 2. | Name of applicant with initials expanded (as in 10th Certificate) | | | | |
| 3. | Age & Date of Birth in Christian Era | **Age** | **DD** | **MM** | **YYYY** |
| | | | | | |
| 4. | Blood Group | | **5.Nationality** | | |
| 5. | Aadhaar No. | | | | |
| 6. | Sex ( put √ mark in the appropriate box) | **Male** | ☐ | **Female** | ☐ |
| 7. | a) Religion & Caste | | | | |
| | b) Whether belongs to SC/ST/OEC, If Yes Specify | | | | |
| | c) Annual Income of the family | **Father** | | **Mother** | |
| | d) Occupation of Parents | | | | |
| 8. | **Address for communication (Permanent address –same as in Aadhar Card)** | | | | |
| | Area/Street/Road | | | | |
| | Post Office | | | | |
| | District, Pin code | | | | |
| | Mobile/Tel. No. (with STD Code) | | | | |
| | Email address (if any) (student) | | | | |
| 9. | **Permanent Address(if different from 8 above)** Door No./House Name | | | | |
| | Area/Street/Road | | | | |
| | Post Office | | | | |
| | District, Pin code | | | | |
| | Mobile/Tel. No. (with STD Code) | | | | |

| | | | |
|---|---|---|---|
| 10 | Father's name | | |
| | Mobile/Tel. No. (with STD Code) | | |
| | Email address, if any (parents) | | |
| 11. | Mother's name | | |
| | Mobile/Tel. No. (with STD Code) | | |
| 12 | State the category to which the applicant belongs | ☐ | An Indian citizen of Kerala origin |
| | | ☐ | A Non- Keralite Indian citizen |
| 13. | **Details of Post Graduate Dental Entrance Examination 2026:** | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **NEET** | **Roll No.** | | **All India Rank** | | **Score (Out of 960)** | |
| **Kerala** | **Application No.** | | **State Rank** | | | |

| | | |
|---|---|---|
| | **Information required for NRI Candidate** | |
| 14. | **Name of NRI (sponsor)** | |
| 15. | Occupation of NRI & Country | |
| 16. | Address of the NRI | |
| 17. | Passport No. & Date of Expiry | |
| 18. | Visa No. & Date of Expiry | |
| 19. | Relationship of NRI with the applicant | |

| | | |
|---|---|---|
| 20. | Name of qualifying examination passed | |
| 21. | Month & Year of Examination (Final BDS Part-II) | |
| 22. | Name of the University | |
| 23. | Register No. for the University Examination (Part-II) | |
| 24. | Name of the institution & University last studied**:** | |
| 25 | Date of completion of Internship | |
| 26. | Details of Migration Certificate (No. & Date) | |
| 27. | Details of Eligibility Certificate (No. & Date) | |
| 28. | Kerala Dental Council Registration No. & Date | |

**FORM FOR MARK SHEET**

| **29.** | **Marks Scored** | | **Maximum Marks** | **Percentage of Marks** |
|---|---|---|---|---|
| **Subjects** | **In figures** | **In words** | | |
| **I BDS:** | | | | |
| | | | | |
| | | | | |
| | | | | |
| **Total** | | | | |

| | | | | |
|---|---|---|---|---|
| **II BDS:** | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| **Total** | | | | |
| **III BDS:** | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| **Total** | | | | |
| **Final BDS Part I:** | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| **Total** | | | | |
| **Final BDS Part II:** | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| **Total** | | | | |
| **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 Dental Post Graduate student in the MES Dental College.

Name & Signature of the Applicant:

Place :
Date :

**FOR OFFICE USE ONLY**

# MDS ADMISSION 2026-2027

## DECLARATION

I…… a student seeking admission for MDS Course in…….. (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 MDS 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 MDS 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 :

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 Post Graduate Degree in ……..... do hereby undertake on this day, the…….. …… ……, 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 or 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 Mother/ Father

Witness
1

2

# MES DENTAL COLLEGE, PERINTHALMANNA

## DECLARATION

**(Regarding Biometric Attendance)**

I, _____, admitted to the **MDS Course** in _____ at **MES Dental College, Perinthalmanna** for the Academic Year **2026–27**, hereby declare that I have **read and understood** the National Dental Commission communication regarding the **Biometric Attendance of Postgraduate (MDS) Students**.

As per NDC order no. NDC/DARB/14/Bio-Metric/2026 dated 30-06-2026, I am fully aware that **a minimum of 80% biometric attendance is mandatory for each academic year separately to be eligible to appear for the MDS University examinations**.

I further undertake to mark my attendance through the biometric attendance system regularly and comply with the instructions issued by the National Dental Commission and the institution and I understand that **any consequences arising due to my failure to maintain the prescribed 80% biometric attendance shall affect my eligibility to appear for the University Examinations.**

**Name of Student:** _____

**MDS Specialty:** _____

**Year of Admission:** 2026–27

**Date:** _____

**Signature of Student:** _____

# MES DENTAL COLLEGE, PERINTHALMANNA

## DECLARATION

## (Regarding the Institutional Protocol)

### UNDERTAKING TO FOLLOW THE INSTITUTIONAL PROTOCOL

**I, _____ (Student Name), admitted to the MDS Course in the specialty of …… 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 MDS course at MES Dental College shall abide the institutional protocols mentioned in the prospectus without fail.**

**Name:** **Signature:**

# MES DENTAL COLLEGE, PERINTHALMANNA

## DECLARATION

**(Regarding Private Practice)**

I, _____, admitted to the **MDS Course** in the speciality of _____ at **MES Dental College, Perinthalmanna** for the Academic Year **2026–27**, hereby declare that I have **read and understood** that **Postgraduate (MDS) students are not permitted to engage in private practice during the course period** as stipulated in clause 24 of Government of Kerala Prospectus for Admission to the Post-Graduate Courses in Dental Surgery (MDS– Master of Dental Surgery)-2026.

I undertake that I shall not engage in private practice during my period of study at the institution and shall abide by the rules and regulations mentioned in the prospectus for admission to MDS course 2026-27

**Name of Student:** _____

**MDS Specialty:** _____

**Year of Admission:** 2026–27

**Date:** _____

**Signature of Student:** _____