MES DENTAL COLLEGE, PERINTHALMANNA
APPLICATION FOR ADMISSION TO MEN'S HOSTEL/LADIES HOSTEL
BDS-ADMISSION 2026-27

1. Name of the applicant

2. Sex: Male/Female

3. Age & Date of Birth

Age	Day	Month	year
	:		

4.	Name & Address of Parent Father/Mother																		
	Door No./House Name																		
	Area/Street/Road																		
	Post Office																		
	District																		
	Pin code																		
	Mobile No																		
	Mobile No (Whatsapp)																		
	E mail Address																		
5.	Address of local guardian																		
	Door No./House Name																		
	Area/Street/Road																		
	Post Office																		
	District																		
	Pin code																		
	Mobile No																		
	Mobile No (Whatsapp)																		
	E mail Address																		
6.	Name & Address with phone No. of the person to be contacted in case of emergency																		
	Door No./House Name																		
	Area/Street/Road																		
	Post Office																		
	District																		
	Pin code																		
	Phone No. Land line (with STD Code)																		
	Mobile No																		
	E mail Address																		

7. Do you belong to scheduled caste or scheduled tribe?
   If yes, specify the caste :

Yes	No

8. Any other relevant information regarding health problem/allergy to any food/or any other articles. :

DECLARATION

I …….. do hereby declare that the information furnished overleaf are true. I also do hereby agree to abide by the hostel rules now in vogue and to any modifications to the said rules made from time to time. I shall also pay the rent, mess and other charges before the stipulated date.

Signature of the student

Counter signed by parent

Name :

Date :

Office use only

Applicant is admitted to Room no.

Warden / Asst. Warden :