AWADH DENTAL COLLEGE - HOSPITAL



(A Unit of Manglawati Sewa Sadan Trust) NH-33, Danga , Bhilaipahari , Jamshedpur 831012 Phone: (0657) 2902029 , 2902031

B.D.S ADMISSION FOR ACADEMIC YEAR

FORM- III (FOR STUDENTS) HALL TICKET

APPLICANT NUMBER	TEST CENTRE OPTED
HALL TICKET NUMBER	TEST CENTRE ADDRESS
NAME OF THE APPLICANT (IN BLOCK	LETTERS)
ADDRESS FOR CORRESPONDENCE (INC	CLUDING PIN CODE)
	PHOTOGRAPH (Paste your recent Passport siz Photograph, not older than 3 months, and sign at the edge Of the photograph
Important instructions	
permitted to appear for the test without a examination hall 30 minutes after the com	es who have fulfilled the eligibility conditions. No candidate is valid hall ticket. No applicant will be permitted to enter the amencement of the test. Hall tickets must be preserved and issions. Discrepancies, if any in the hall tickets must be brought tely.
APPLICANT'S SIGNATURE	INVIGILATOR'S SIGNATURE