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- IV (FOR OFFICE USE)

| 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 ssions. Discrepancies, if any in the hall tickets must be brought tely. |
| APPLICANT'S SIGNATURE | INVIGILATOR'S SIGNATURE |