



POSTGRADUATE INSTITUTE OF DENTAL SCIENCES, ROHTAK- 124001

(Pt. B.D. Sharma University of Health Sciences, Rohtak)

APPLICATION FORM

For Admission to :

1. Dental Hygienist Diploma Course
2. Dental Mechanic Diploma Course

Affix photograph
here duly attested
by a Gazetted
Officer/ Principal
of a recognized
college/
Institution

Important:

Before filling the application form candidates are advised to strictly follow the instructions at page – 4.

Students with biology can apply for both course

First choice (i)

Second choice (ii)

1. Full name of Candidate (block letters)	SURNAME
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2. Date & Place of Birth	Place	Day	Month	Year
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3. Sex	Male	Female	Transgender
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4. Marital Status	Married	Single
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5. a) Nationality
b) Mother tongue

6. Do you belong to Scheduled Caste/ Backward Class/ E.B.P. Category/ Departmental candidates	No/ Yes	If yes, please give details
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7. i) Aggregate Percentage of marks obtained at qualifying examination.% in words

ii) Percentage of marks in Physics, Chemistry and Biology.% in words

8. a) Father's Name or Guardian's /Husband's
Name & relationship/ occupation.

b) Mother's Name

c) His/her permanent address & Telephone No. if any.

9. Detail of Examination passed or appearing for:-

Name of Examination Passed (for appearing)	Year & Month of passing or appearing	Name of School/College and University/Board	Subjects taken in Examination with Marks obtained subject wise	Division, if any & (total%)	Remarks, if any
Matriculation/SSEC/ Higher Secondary					
10+2, Pre Medical or other equivalent Examination specify					
B.Sc.					

10. Address (in full)
on which reply
regarding this
applications may
be sent (with
pin code, Telephone No., if any)

DECLARATION OF THE CANDIDATE

I hereby declare that the application form has been filled in my own hand writing and that the information given by me in the above application form is correct. I further declare that I have read the rules as given in the Prospectus and I shall abide by the rules and regulations of the Institute and also by the orders given by the Institute authorities with regard to my conduct, discipline and studies.

Place:

Date:

Signature of the applicant

Declaration by the parent (or the guardian of the candidate). In case neither of the parent is alive.

I hereby solemnly affirm and declare that the information furnished by the candidate is correct. If at any time subsequent to the admission, it is discovered that any information given in this application or in the attached certificates or in documents produced hereafter is false my ward may be removed from the institution and caution money paid by him/her may be confiscated.

Place :

Date :

**Signature of the Parent/ Guardian
With relation with the candidate**

(Left thumb impression of candidate)

DECLARATION BY THE SCHEDULED CASTE/ TRIBES/ BACKWARD CLASS APPLICANTS ONLY

I hereby declare that I belong to a Scheduled Caste/ Tribes/ Backward class and enclose herewith a certificate from a District Magistrate in proof of the same.

Signature of the applicant

INSTRUCTIONS

The attached application form should be filled in by the candidate after reading the following instructions carefully.

- i) The furnishing of false information or suppression of any factual information in the application form would be a disqualification and will render the candidate unfit for admission to :
 - a. Dental Hygienist Diploma Course
 - b. Dental Mechanic Diploma Course
- ii) If the fact that false information has been furnished or that there has been suppression of any factual information in the application form; comes to notice at any time during a candidate's undergoing any of the above courses at this Institute, he/she would be liable to be terminated besides other action by the Institute as may be deemed fit.
- iii) Every detail in the form must be filled in by the candidate in his/her own handwriting. All answers must be given in words and not be dashes and dots. No column should be left blank.
- iv) Incomplete applications will not be considered. Instructions contained in the prospectus should be read carefully before filling up this form.
- v) Candidates must apply well in time. Any postal delay shall be the responsibility of the candidates himself/herself.
- vi) This application form is not to be used for any other courses being conducted at this Institute.
- vii) All the selected candidates shall undergo medical examinations by a medical board appointed by the Principal PGIDS. Any candidate found medically unfit shall be rejected. Before dispatching the complete application, please check again each of the following items whether you have enclosed the same or not- (certificate true copies only, Please do not submit original certificate).

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1) Date of birth certificate, Matric or Higher Secondary certificate issued by Board/ University. | Yes/No |
| 2) District Magistrate's Certificate if he/she belongs to SC/ST/BC in original | Yes/No |
| 3) Certificate of good conduct | Yes/No |
| 4) Documentary evidence of having passed the 10+2 / Pre-Medical of equivalent examination. For those taking the qualifying examination a certificate should be attached. | Yes/No |
| 5) Marks sheet of 10+2 / Pre-Medical/ B.Sc. Part-I. | Yes/No |
| 6) Haryana Domicile Certificate in Original in case the candidate has Passed 10, 10+1, 10+2 from Chandigarh or National Open School. | Yes/No |
| 7) Passport size photograph duly signed by the candidate and attested by Gazetted officer or Principal of a recognized college/ Institute. | Yes/No |
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Address for correspondence

(to be filled in by the candidate neatly in block letters)

Roll No.....

Name:.....

Address.....

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Pin Code.....

Mob./Phone (with STD Code.....

Address for correspondence

(to be filled in by the candidate neatly in block letters)

Roll No.....

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Address.....

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Pin Code.....

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Address.....

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Pin Code.....

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POSTGRADUATE INSTITUTE OF DENTAL SCIENCES, ROHTAK Provisional Admit Card for Entrance Test/Examination for Admission to Diploma in Dental Hygienist/ Diploma in Dental Mechanic course 2016.		
NAME		ROLL NO.
FATHER'S NAME		COURSE APPLIED FOR
EXAMINATION CENTER NO.	CATEGORY	Paste here your recent Photograph
CANDIDATE'S ADDRESS	DATE OF EXAMINATION 13.10.2016	
	TIME 10:00 AM TO 01:00 PM	
	PRINCIPAL	Signature of Candidate
Check your reserved category, if any, in case of discrepancy, contact Office of Principal before the date of examination.		

INSTRUCTIONS FOR CANDIDATES

- a. Bring this admit Card with you otherwise you will not be allowed to appear in the examination.
- b. Please reach the Examination Centre one hour before the commencement of Examination.
- c. COMPLETE VIDEOGRAPHY OF EACH STUDENT APPEARING IN THE EXAMINATION SHALL BE GOT DONE IN THE EXAMINATION CENTRES AND THE SAME WILL BE MATCHED AT THE TIME OF COUNSELING.
- d. MOBILE/PAGER AND ANY ELECTRONIC GADGET IS NOT ALLOWED IN THE EXAMINATION CENTRE. IF ANY CANDIDATE IS FOUND WITH COMMUNICATION AIDS, THE SAME SHALL BE CONFISCATED.
- e. The candidates are advised to ensure their eligibility as per provisions made in the Prospectus before appearing in the Entrance Examinations. They will be admitted in the Entrance Examinations provisionally. Mere appearing in the Entrance Examinations will not make them eligible for allotment of seats, which will be allotted after checking their eligibility in all respects, at the time of counseling by the competent authority.
- f. BEFORE ANSWERING THE QUESTIONS, THE CANDIDATE SHOULD ENSURE THAT THEY HAVE BEEN SUPPLIED THE CORRECT AND COMPLETE TEST BOOKLET CONTAINING SR. NO 1 TO 180 QUESTIONS. COMPLAINTS REGARDING MISPRINT ETC. WILL NOT BE ENTERTAINED 30 MINUTES AFTER THE EXAMINATION IS STARTED.
- g. Check your category, if any. In case of discrepancy, contact the Assistant Registrar (Exam.) before date of examination.
- h. If any two candidates are found exchanging their answer sheets/ Questions booklets in the entrance examination, they will be disqualified.

Candidates are directed to put their Right hand thumb impression properly on the space provided in the Answer Sheet to avoid cancellation on candidature.

POSTGRADUATE INSTITUTE OF DENTAL SCIENCES, ROHTAK

Acknowledgement Card

Diary No.....

Dated.....

Receipt of your Application Form for admission to Diploma in Dental Hygienist /Diploma in Dental Mechanic Course - 2016 is hereby acknowledged.

**Authorised Signatory
Postgraduate Institute of
Dental Sciences, Rohtak**

Affix
Rs/ 5-
postage
stamp

To

PIN Mobile No.

From :

**Principal
Postgraduate Institute of Dental Sciences,
Rohtak-124001 (Haryana)**