## PRE - PG - DMAT - 2014 APPLICATION FORM

## ASSOCIATION OF PRIVATE DENTAL AND MEDICAL COLLEGES OF MADHYA PRADESH BHOPAL

## APPLICATION FORM FOR ADMISSION TO MD/MS/MDS COURSES - 2014 IN PRIVATE DENTAL AND MEDICAL COLLEGES OF MADHYA PRADESH

## PRE - PG - DMAT - 2 0 1 4

APPLICATION FORM NO.

- Read instructions given in the Prospectus carefully.
- Use only BLACK Ball Point Pen to fill up the Form.
- Fill the Form in English using CAPITAL letters, except signature.
- Do not fold, staple or clip the Form.



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**DECLARATION:** I hereby declare that all the particulars stated in this Application Form are true to the best of my knowledge and belief. I have read and understood all provisions of admission and agree to abide by them. I also affirm that I fulfill the eligibility requirements for the course/s applied. In event of submission of fraudulent, incorrect or untrue information or suppression or distortion of any fact like educational qualifications, marks, nationality etc. I understand that my admission / degree is liable for cancellation. I further understand that my admission is purely provisional subject to the verification of the eligibility conditions.

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF APPLICANT