NAME OF CANDIDATE (IN BLOCK LETTERS)

Sex: [ ] Male [ ] Female

Date of birth

[ ] Day [ ] Month [ ] Year

Do you belong to [ ] SC [ ] ST [ ] OEC

If ‘YES’, Name the Caste and Community

(Attach Certificate of Caste)

Details of Parents (Candidates to fill up)

Permanent address: …………………………………………………………………………………………………….…...

…………………………………………………………………………… Mobile No.:……………………………………….

Ph No. (with STD code)…………………………………….Email ID:………………………………………………………

[Note: Application to be accompanied by a Demand Draft for Rs.2000/- drawn in favour of “Amrita Vishwa Vidyapeetham” payable at Cochin or Ernakulam].
Address for Correspondence:


Ph No. (with STD code): 

Mobile No. Email ID:

Details Of Parents (Candidates to fill up)

**DETAILED OF QUALIFICATIONS:**

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Year of passing of BDS</th>
<th>Institution in which last studied</th>
<th>University from where passed</th>
<th>Does the inst. has the recognition of DCI (If YES – enclose copy of recognition)</th>
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**INTERNERSHIP:**

<table>
<thead>
<tr>
<th>Period</th>
<th>Institution (Name and address)</th>
<th>Is it a Teaching Institution</th>
<th>If not, enclose DCI approval of the Institution permitting internship</th>
<th>Remarks</th>
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**MARKS SCORED IN THE BDS EXAMINATION:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Marks scored</th>
<th>Number of attempts</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Theory Marks</td>
<td>Practical</td>
</tr>
<tr>
<td></td>
<td>Marks Obtained</td>
<td>Maximum Mark</td>
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<tr>
<td>First year</td>
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<tr>
<td>Second Year</td>
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<td>Third Year</td>
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<tr>
<td>Fourth Year</td>
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<tr>
<td>Fifth Year</td>
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</table>

**CLASS AWARDED**

**Joint declaration by the CANDIDATE AND THE PARENT / SPOUSE**

We hereby declare that all information furnished in this Application are true to the best of our knowledge and belief. We are also aware that if any statement made herein is found to be incorrect at any time either before or after admission Principal, Amrta School of Medicine/Chairman – Admissions has the right to reject the application and may cancel the Admission if at all admitted.

We are also aware of our financial obligations to AMRITA SCHOOL OF DENTISTRY in case the candidate gets admission to the Dental School and we undertake to pay the tuition, hostel, mess and other fees as fixed by the Institution from time to time. We also undertake to strictly adhere to the rules and regulation of the Institution and agree to abide by the decision of the Principal, Amrita school of Medicine/Chairman – Admissions in all matters of admissions and thereafter.

Date & Signature of the student: Date & Signature of the Parent / Spouse

**ENCLOSURES** (Please staple copies of documents as listed in item No.4(a) of terms & conditions.)

**THERE IS NO SEPARATE EXAMINATION FEES.**

Send the Application form and the Hall Ticket, Attendance sheet and self addressed envelope and enclosures by Speed Post or by Courier or by Hand Delivery to the Admission Co-ordinator, Amrita School of Medicine, Health Science Campus, Amrita Institute of Medical Sciences, Kochi – 682 041, Kerala. Application forms should reach not later than June 20, 2013.
Important Instructions

MDS - 2013

Date of Amrita Entrance Examination: 22nd June 2013
Saturday

Time of Examination: 9.30 AM to 12.30 PM

The candidate shall be present at the centre 30 minutes before the commencement of the test.

Candidate will not be admitted to the examination hall after 10.00 AM.

Candidate is not allowed to leave the examination hall before the expiry of scheduled end of the test.

Candidate should produce the Hall Ticket; otherwise candidate shall not be allowed to sit for the test.

Candidate should hand over the answer sheet and the question paper to the invigilator, before leaving the examination hall.

**Candidate must bring pencil, sharpener and erasers.**

Do not bring any books notes, mobile phones, calculators, laptop or any other electronic gadgets to the examination hall.