DECLARTION

(This declaration is to be given by a student / ward as well as his /her Guardian who is seeking admission under NRI category (Management quota being ward of NRI)

I, Mr.....NEET (UG)Roll No..... Rank NEET (UG) .....ward of .....seeking admission into UG course in Management Quota (NRI quota seats) for the academic year 202___ - 202___ into Member Medical College of Andhra Pradesh Private Non-Minority / Minority Medical & Dental Colleges do hereby declare and state as under:

I declare that I am a ward of /under guardianship of Mr/Ms..... S/o..... R/o..... (here incorporate the complete address of NRI of whom the candidate/ declarant is a ward).

I declare that the said NRI is paying my fee for my UG course and I further declare that the above facts stated are true and correct and I am liable for any action in the event of concealment of facts.

Hence, this declaration.

(Signature of the Candidate)

I, ...S/o ..... here declare and confirm that the above declarant viz., Mr..... is my ward and is under my guardianship and I hereby irrevocably agree and undertake to provide finance support to him/her by payment of entire fees and other expenses for pursuing UG course in the Member Medical College of Andhra Pradesh Private Non-Minority Medical & Dental Colleges Managements Association.

Date: **(Name and Signature of the Guardian / NRI)**

Enclosures :

1. Attested Passport copy
2. Attested Residence certificate

CARE DENTAL COLLEGE & HOSPITAL

Affiliated to Dr.Y.S.R. University of Health Sciences, Vijayawada
Approved by DCI/Govt. of India DE,
NH-16, Guntur-Chennai Highway, Potturu, Guntur – 522 005, A.P.

APPLICATION FOR ADMISSION INTO 1st YEAR BDS COURSE (202 - 202)

	A	B	C/NRI	STRAY
Category				

Rs.500/- (To be filled In by the candidate in His/Her own hand writing)

Application No.: Date :

SUMMARY

(TO BE FILLED IN BY THE CANDIDATE IN HIS/HER OWN HAND WRITING)

1. Full Name & Address (IN BLOCK LETTERS) : .....

Parent Ph.No: .....

Student Ph.No.: .....

Email.Id:

2. Gender : Male : ..... Female: .....
3. Date of Birth & Age as on 31.12.202___ : .....
4. Social Status (OC/BC/SC/ST/Others if any) : ..... Sub-Caste: .....
5. NEET Hall Ticket No. & Pass Year : .....
6. NEET All India Rank & State Rank : .....
7. Year of Passing the Qualifying Exam (Inter) : .....
8. Intermediate Marks with Practical's : Botany+ Zoology Physics Chemistry

   [Obtained Marks /Maximum Marks]

SIGNATURE OF THE CANDIDATE

FOR OFFICE USE ONLY

Academic Officer I/C

Remarks if any:

Checked by: Signature of the Principal with Seal

Read the Regulations carefully before filling up of the application:

NOTE:

a) Filled application forms shall be submitted in person to the Admission Cell, Office of the Principal, Care Dental College, NH-16, Guntur - Chennai Highway, Guntur - 522005, Andhra Pradesh.

b) Admissions into BDS course are purely on the basis of NEET Rank and with the final approval of the Dr. Y.S.R University of Health Sciences, Vijayawada.

c) Applications unaccompanied by required certificates or applications with complete entries and ineligible applications shall stand rejected automatically. Please do not leave any column blank. Where information is NIL write NA/NIL.

d) Applications of the candidates who furnish incorrect information, enclose false/incorrect certificate or approach through agents shall stand rejected automatically.

e) Application shall be filled in English by the candidate in his/her own hand writing.

f) Affidavit signed by NRI student in the format given in the brochure.

1. Name of the Candidate : .....

2. a) Name of the Father : .....

   b) Name of the Mother : .....

   c) Name of the Guardian : .....

3. Occupation of the Father : .....

   Occupation of the Mother : .....

List of Enclosures to be submitted along with this application :

S.No	Certificate to be submitted	S.No.	Certificate to be submitted
1	NEET Rank Card	8	Income Certificate
2	NEET Hall Ticket	9	Caste Certificate
3	Allotment Letter issued by the University through Councelling	10	Passport Size Photos -5 Stamp Size Photos - 5
4	Matriculation Certificate/ SSC/10th std pass certificate	11	Aadhar Card Xerox
5	Intermediate Public Examination Marks Memo	12	Disabled (PH)/Differently abled Certificate, if applicable
6	Study Certificates from 6th Std to Intermediate	13	Receipt of certificates issued by the University (for Counseling candidates)
7	Transfer Certificate	14	Declaration by the NRI Quota/ Management Quota Category candidates

FEE DECLARATION

I, Mr./Mrs.._____(Name of the Parent/ Guardian) F/o / M/o _____(Name of the Student) hereby bind over to the terms and conditions of the Care Dental College, Guntur. In the payment of the fees in time as per the Management decision. And if I default in payment of fee in time, then I shall be liable to the action taken by the Management Care Dental College, Guntur.

Particulars		1st year	2nd year	3rd year	4th year	Remarks If any
Tuition Fee						
College Fees (Including 1st dental instrument kit, clinical training fee and miscellaneous fee)						
Hostel Expenditure including mess	Double Sharing/ Triple Sharing/ Dormitory					
Bus Fee (Days Scholar)						
Total Fee Yearly						

Signature of the Candidate ***Signature of Parent/ Guardian***

Signature of the Principal with Seal

Note:

1. Fees once fixed will not be changed under any circumstances & Management's decision is final.
2. Total Tuition Fees & College Fees must be paid at the time of admission. (No Installment)
3. College fee include Tuition fee, Hostel fee, Bus Fee and all Other Miscellaneous fees.
4. Tuition fee will be increased by 10% yearly as per the Dr. Y.S.R UHS, Vijayawada norms.
5. Examination fee and University fee shall be paid as fixed by University separately in form of D.D.
6. Record Books, Uniforms, Aprons & Textbooks have to bought separately by the candidate.