



**(FILL UP THE FORM IN BLOCK LETTERS ONLY)**

**AHMEDABAD DENTAL COLLEGE & HOSPITAL**

**Sr. No. (For office Use)** \_\_\_\_\_ **Date :** \_\_\_\_\_

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**Student's Merit No.:** \_\_\_\_\_ **Category No.:** \_\_\_\_\_

**Student's Name. :** \_\_\_\_\_  
**Surname** \_\_\_\_\_ **Name** \_\_\_\_\_ **Father's Name** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

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**Aadhar No.:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Pan Card No.:** \_\_\_\_\_

**Student's Mobile No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Application Whatsapp No:** \_\_\_\_\_ **Phone No(Home):** \_\_\_\_\_

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**Personal Details:**

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Blood Group:** \_\_\_\_\_

**Gender :** \_\_\_\_\_ **Category:** \_\_\_\_\_

**12<sup>th</sup> Result:** \_\_\_\_/\_\_\_\_ **Neet Marks:** \_\_\_\_/\_\_\_\_ **Last School:** \_\_\_\_\_

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**Family Details :**

**Father's Name :** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Qualification:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

**Working Address :** \_\_\_\_\_ **Pan Card No.:** \_\_\_\_\_

\_\_\_\_\_ **Father's Whatsapp No:** \_\_\_\_\_

**Mother's Name :** \_\_\_\_\_

**Occupation :** \_\_\_\_\_ **Qualification :** \_\_\_\_\_ **Mobile No :** \_\_\_\_\_

**Working Address:** \_\_\_\_\_ **Pan Card No.:** \_\_\_\_\_

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**Declaration:** I hereby declare that all the particulars stated in this Student Registration form are true to the best of my knowledge and belief. I have read and understood all the rules and regulation and agree to abide by them.

**Signature of Student:**  
**Date:**

**Parent / Guardian's Signature**  
**Place:**

## **Hostel Details**

### **Local Guardian's Details:**

**1.Name.:** \_\_\_\_\_

**Relation with Applicant.:** \_\_\_\_\_

**Address.:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact No.:** \_\_\_\_\_

**2.Name.:** \_\_\_\_\_

**Relation with Applicant.:** \_\_\_\_\_

**Address.:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact No.:** \_\_\_\_\_