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# Dr. D. Y. PATIL VIDYAPEETH, PUNE

(Deemed University) (Accredited by NAAC with 'A' Grade)

Sant Tukaram Nagar, Pimpri, Pune 411 018, Maharashtra, India. Tel. No. : 020 - 2742 0069 / 2742 0156, 27805000 Fax : 020 - 2742 0010 Email : info@dpu.edu.in Website : www.dpu.edu.in

## **APPLICATION FORM FOR ALL INDIA POST GRADUATE DENTAL ENTRANCE TEST - 2015 (AIPGDET-15)**

#### **INSTRUCTIONS :-**

- 1. Read all the instructions in the Brochure before completing the form.
- 2. Write in the boxes with Black Ball Point Pen in Capital Letters only.

1	Candidates N	Name (A	s aiven	in Degree	Examination	)
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2. Address for Communication         Image: Candidate's Photograph         Image: Candidate's Signatu         <						
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3. State :						
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3. State :   4. Email :   5. Sex :   Male   Female   6. Date of Birth :     D   D   M   M   Y    Y   Y <td></td>						
4. Email:   5. Sex:   Male   Female   6. Date of Birth:     D   D   M   M   Y    Y   Y	re					
5. Sex : Male     Female     6. Date of Birth :     D     D     MM     Y        Y   <						
5. Sex : Male     Female     6. Date of Birth :     D     D     MM     Y        Y   <						
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B. Details of Demand Draft :     D.D. No.     Amount in Rs.     D     D     M     M     Y     Y	5. Sex : Male Female 6. Date of Birth :					
B. Details of Demand Draft :     D.D. No.     Amount in Rs.     D     D     M     M     Y     Y						
8. Details of Demand Draft :						
8. Details of Demand Draft :						
	Y Y					
9. Name of the Bank :						
Please mark the appropriate box with mark						
10. D. C. I. Registration : Yes No Registration No.						

12.	Domicile of Maharashtra : Yes	s No	Domicile State	
13.	Whether admitted to and pursuin	ng a post graduate cour	se elsewhere? Yes	No
14.	Year of Pas     First BDS :	ssing Percentage	e of Marks Attempt	
15.	Second BDS :			
16.	Third BDS :			
17.	Fourth BDS :			
18.	D Internship Completion Date		/ Y Y	
19.	Name of the University :			
20. Subject Preferences for PG Course :1)				
		2)		
		3)		

### 21. Declaration - I

- I hereby declare that the above information is true and complete to the best of my knowledge. I am aware that, if any, information (a) herein is found to be incorrect or incomplete, my application form will be rejected / admission will be cancelled. If admitted to Dr. D. Y. Patil Dental College and Hospital Pimpri, Pune of Dr. D. Y. Patil Vidyapeeth, Pune, I shall abide by its
- (b) Rules and Regulations.
- I have read and understood all the provisions contained in the brochure and hereby agree to abide by those provisions. (c)

Signature of the Candidate

## 22. Declaration - II

(a)	I, the parent/guardian, of the applicant hereby declare that, I am aware of the financial obligations of admitting my child/ward to Dr. D. Y. Patil Dental College and Hospital, Pimpri, Pune. I agree to pay the tuition and other fees payable to the institution as fixed from time to time as per the Rules of Dr. D. Y. Patil Vidyapeeth, Pune. I also affirm and endorse the declaration made above by my
	child/ward.

Place :	
Date :	
Father's / Guardian's Name :	Cianatura

Signature of the Parent/Guardian