

KALKA GROUP OF INSTITUTIONS

(Kalka Dental College & Hospital Partapur Bypass Road, Meerut-250006)

Admission Help Line: - 91-9368880111, +91-9319180111, 91-9368880777

Email: - kalkadentalcollege.admission@gmail.com

Website: - www.kalkaeducationalsociety.com

Pre-Registration Application Form for BDS/MDS

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			3. Mark the choice of the course in the box.					
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	FOR E	BDS						
Exam Passed	Year of	ı	Name of		% of Marks			
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Candidate Name									
Mobile No.		Land Line No.							
Correspondence A									
Email Address _									
Gender :- M/F	Category :- Gen/OBC/SC	C/ST Nationality :							
DOB :									
Father's Name :	Father's Name :Occupation:								
Mother's Name :		Occupation:							
Hostel Accommo	dation:- Yes/ No								
Pre-registration F	ee Details								
• •	•	,00,000/- (Rupees One lakh Only) as Pre- ion in BDS/MDS course for the current session.							
	ferred in the college acco RTGS transaction ID.	unt as per details given below and applicant has							
Bank Name:- AXIS	S BANK	Branch Address:- Garh Road Meerut,UP							
Account Name:- H	KALKA DENTAL COLLEGE								
IFSC CODE:- UTIBO	0001100	ACCOUNT No.:- 910010018269719							
NEFT/RTGS Tran	saction ID No	Date:-							

Issuing Bank:-

DD/Cheque No.:-

*The Pre-registration fee is completely refundable subjected in case:

- 1. Applicant fails to qualify UG/PG NEET.
- 2. Applicant gets admission in MBBS (Govt./ Private seat) or BDS/MDS (Govt. Seatonly).
- 3. The candidate has to produce documentary proof to claim refund.
- 4. The Pre-registration fee will not be refunded if the above conditions are not satisfied.

Date:	•••	• • • •	••••	
Place:				

Signature of Applicant

Signature of Parent/Guardian

Admission Cell

Kalka Dental College & Hospital, Meerut UP

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91-9368880777

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