



# 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](mailto:kalkadentalcollege.admission@gmail.com)

Website: - [www.kalkaeducationalociety.com](http://www.kalkaeducationalociety.com)

## Pre-Registration Application Form for BDS/MDS

### INSTRUCTIONS:-

1. Please read instructions carefully.
2. Write in capital letters only in the box.
3. Mark the choice of the course in the box.

PHOTO

### Course Applying For

BDS

MDS

### Qualifications

FOR BDS				
Level	Exam Passed	Year of Passing	Name of Board/Univ.	% of Marks
12 <sup>th</sup>				
FOR MDS				
BDS Ist Year IInd Year IIIrd Year IVth Year				
Internship	Date of Completion:			
State Dental Council Registration	Registration no.		Date of Registration:	

UG NEET/PG NEET 20.....	Roll No	Appeared	Qualified



**\*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. Seat only).
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.

I have read all the terms & conditions carefully and are acceptable to me.

**Date:-**.....

**Place:-**.....

**Signature of Applicant**

**Signature of Parent/Guardian**

### **Admission Cell**

Kalka Dental College & Hospital, Meerut UP

Contact No – 91-9368880111, +91-9319180111,

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