

19. DETAILS OF QUALIFYING EXAMINATION FOR PG PROGRAMS

| EXAMINATION | COLLEGE | UNIVERSITY | REGISTRATION NUMBER | MONTH / YEAR OF PASSING | AGGREGATE % MARKS |
|-------------|---------|------------|---------------------|-------------------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |

20. PARENT'S OCCUPATION

| | |
|--|--|
| | |
|--|--|

21. PARENT'S INCOME (₹)

| Below 50,000 | 50,001 to 1,00,000 | 1,00,001 to 2,00,000 | 2,00,001 to 4,00,000 | Above 4,00,000 |
|--------------|--------------------|----------------------|----------------------|----------------|
| | | | | |

22. HOSTEL REQUIRED

| YES | NO |
|-----|----|
| | |

23. PROGRAM APPLIED

| |
|-------|
| M.D.S |
| |

24. PROGRAM CODE

| | | |
|--|--|--|
| | | |
|--|--|--|

25. TEST CITY

| | | |
|---|---|---|
| 1 | 6 | 7 |
|---|---|---|

26. PAYMENT OF APPLICATION FEE ₹1000/- TO BE DRAWN IN FAVOUR OF 'SRMIST', PAYABLE AT CHENNAI

| PAYMENT MODE | NUMBER | AMOUNT (₹) | DATE | ISSUING BANK NAME | BRANCH |
|--------------|--------|------------|------|-------------------|--------|
| DEMAND DRAFT | | | | | |

27. DECLARATION

I hereby declare that I have carefully read the instructions and particulars supplied to me and that the entries made in this application form are correct to the best of my knowledge and belief. I note that the decision of the University is final in regard to selection for admission. If selected for admission, I promise to abide by the rules and regulations of the University and the guidelines in the prospectus. The University shall have the right to expel me from the University at any time after admission, provided it is satisfied that I was admitted on false particulars furnished by me or my antecedents prove that my continuance in the University is not desirable. I agree that all disputes are subject to the jurisdiction of the courts at Chennai only. Fees paid on counseling and admission will not be claimed back under any circumstances.

.....
SIGNATURE OF APPLICANT

.....
DATE

10. ADDRESS FOR COMMUNICATION: Write the complete postal address including PIN CODE to which communications to be sent. Also write the telephone number with STD code and e-mail address, if any.

For example, the address,
 MR. RAVI SUNDAR SINGH, S/O SUDIR KUMAR SINGH,
 NEW No.20, OLD No 23, 2ND CROSS, INDIRA NAGAR, ADAYAR, CHENNAI 600020

ADDRESS FOR COMMUNICATION (DO NOT REPEAT NAME)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|
| N | E | W | | N | O | | 2 | 0 | , | O | L | D | | N | O | | 2 | 3 | , | 2 | N | D | | C | R | O | S | S |
| I | N | D | I | R | A | | N | A | G | A | R | , | A | D | A | Y | A | R | , | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

11. CITY: Fill in your city's name. For example, the city 'Chennai' should be written as:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| C | H | E | N | N | A | I | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

12. DISTRICT: Fill in your district's name. For example the district "Nellore" should be written as:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| N | E | L | L | O | R | E | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

13. STATE: Refer to the table given below for state codes. For example, the state 'Tamil Nadu' should be written as:

| | |
|---|---|
| 3 | 5 |
|---|---|

| STATE | CODE | STATE | CODE |
|-------------------|------|----------------------------------|------|
| Andhra Pradesh | 11 | Mizoram | 29 |
| Arunachal Pradesh | 12 | Nagaland | 30 |
| Assam | 13 | Orissa | 31 |
| Bihar | 14 | Punjab | 32 |
| Chattisgarh | 15 | Rajasthan | 33 |
| Delhi | 16 | Sikkim | 34 |
| Goa | 17 | Tamil Nadu | 35 |
| Gujarat | 18 | Tripura | 36 |
| Haryana | 19 | Uttar Pradesh | 37 |
| Himachal Pradesh | 20 | Uttaranchal | 38 |
| Jammu and Kashmir | 21 | West Bengal | 39 |
| Jharkhand | 22 | Andaman and Nicobar Islands (UT) | 40 |
| Karnataka | 23 | Chandigarh (UT) | 41 |
| Kerala | 24 | Dadra and Nagar Haveli (UT) | 42 |
| Madhya Pradesh | 25 | Daman and Diu (UT) | 43 |
| Maharashtra | 26 | Lakshadweep (UT) | 44 |
| Manipur | 27 | Puducherry (UT) | 45 |
| Meghalaya | 28 | | |

14. PINCODE: Fill up with the appropriate 6-digit Pincode. For example, the Pincode '600 020' should be written as:

| | | | | | |
|---|---|---|---|---|---|
| 6 | 0 | 0 | 0 | 2 | 0 |
|---|---|---|---|---|---|

15. STD CODE: Fill up the STD code in the boxes provided. Use zero when prefixed to the STD code. For example, the STD code for Chennai '044' should be written as:

| | | | | | |
|---|---|---|--|--|--|
| 0 | 4 | 4 | | | |
|---|---|---|--|--|--|

16. TELEPHONE NUMBER: Fill up your phone number in the boxes provided. For example, the telephone number '42022524' should be written as:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 4 | 2 | 0 | 2 | 2 | 5 | 2 | 4 |
|---|---|---|---|---|---|---|---|

17. MOBILE NUMBER (COMPULSORY): Fill up your mobile in the boxes provided and do not prefix '0' or leave any blank between numbers. For example, the mobile number '9123456789' should be written as:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 9 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|

18. EMAIL ADDRESS (COMPULSORY): Fill up the email id in CAPITAL letters without blank spaces. For example, the e-mail id 'ravisundarsingh@gmail.com' should be written as:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| R | A | V | I | S | U | N | D | A | R | S | I | N | G | H | @ | G | M | A | I | L | . | C | O | M | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|

19. DETAILS OF QUALIFYING EXAMINATION FOR PG PROGRAMS: Write the name of the qualifying examination, College, University, Registration No., Month and Year of passing and percentage marks obtained. In case the result has not been polished, the marks obtained should be produced at the time of counseling. For example, an MDS, applicant should give BDS, details.

| EXAMINATION | COLLEGE | UNIVERSITY | REGISTRATION NO. | MONTH / YEAR OF PASSING | AGGREGATE % MARK |
|-------------|---|----------------|------------------|-------------------------|------------------|
| BDS | Medical College Hospital & Research Center | SRM University | 687347 | March 2013 | |

20. PARENT / GUARDIAN OCCUPATION: Write the occupation of your parent using the table given below. For example if your parent is in Business, it should be written as:

| | |
|---|---|
| 6 | 0 |
|---|---|

| OCCUPATION | CODE | OCCUPATION | CODE |
|-------------------------|------|----------------------|------|
| GOVERNMENT SERVICES | | PROFESSION | |
| I.A.S | 11 | Engineer | 41 |
| I.P.S | 12 | Doctor | 42 |
| I.F.S | 13 | Chartered Accountant | 43 |
| SERVICE CATEGORY | | Lawyer | 44 |
| Army | 21 | Agriculturalist | 45 |
| Air Force | 22 | Artist | 46 |
| Navy | 23 | Software | 47 |
| Police | 24 | Consultant | 48 |
| Judiciary | 25 | Teacher | 49 |
| Other Govt. Services | 26 | Self Employed | 50 |
| PUBLIC SERVICE | | Other Private Sector | 51 |
| Minister, Central Govt. | 31 | Business | 60 |
| Minister, State Govt. | 32 | Others | 70 |
| MP | 33 | | |
| MLA | 34 | | |
| MLC | 35 | | |
| Member of Local Body | 36 | | |

21. PARENT'S INCOME (₹): For example, if the parent's income is 1,22,000, tick as:

| | | | | |
|--------------|--------------------|----------------------|----------------------|----------------|
| Below 50,000 | 50,001 to 1,00,000 | 1,00,001 to 2,00,000 | 2,00,001 to 4,00,000 | Above 4,00,000 |
| | | ✓ | | |

22. HOSTEL REQUIREMENT: Tick 'YES' if you require an on-campus Hostel Accommodation. For eg:

| | |
|-----|----|
| YES | NO |
| ✓ | |

23. PROGRAM APPLIED: Tick your preferred branch:

| |
|-------|
| M.D.S |
| ✓ |

24. PROGRAM CODE: For the Program code, refer to the list given in pages 6. For example, if an applicant is applying for MDS in Periodontology it should be written as:

| | | |
|---|---|---|
| 4 | 4 | 0 |
|---|---|---|

25. TEST CITY CODE:

| TEST CITY | CODE |
|---|------|
| SRM University, SRM Nagar Kattankulathur - 603203 Kancheepuram Dist | 167 |

26. PAYMENT OF APPLICATION FEE: ₹1000/- TO BE DRAWN IN FAVOUR OF 'SRMIST', PAYABLE AT CHENNAI
b. DEMAND DRAFT: Fill up the DD number, Amount, Date, Issuing Bank and Branch name. Also, write your name on the reverse of the DD.

27. DECLARATION: Applicants and the Parent / Guardian must sign (with date) the declaration to authenticate the information provided by them. Unsigned applications will not be accepted.

LAST DATE OF ACCEPTANCE: 24 - 05 - 2014

MAIL THE FILLED APPLICATION ALONG WITH A DD FOR ₹ 1000/- TO

THE DIRECTOR (ADMISSIONS)
SRM UNIVERSITY, SRM NAGAR,
KATTANKULATHUR 603 203, KANCHEEPURAM DT.
TAMIL NADU, INDIA.
E-MAIL: admissions.india@srmuniv.ac.in,
TEL: +91 - 44 - 2741 7400,
FAX: +91 - 44 - 2745 3622

(Reference for Item No. 24)

BRANCH / SPECIALIZATION CODE MEDICINE AND HEALTH SCIENCES

| BRANCH / SPECIALIZATION | CODE | | |
|--|------|---|---|
| M.D.S (Master of Dental Surgery) (duration - 3 years) | | | |
| Conservative dentistry and Endodontics..... | 4 | 3 | 2 |
| Oral and Maxillofacial Surgery..... | 4 | 3 | 3 |
| Orthodontics and Dento Facial Orthopedics..... | 4 | 3 | 6 |
| Prosthodontics and Crown and Bridge..... | 4 | 3 | 9 |
| Periodontology..... | 4 | 4 | 0 |