



UDC

University Dental College

A Project of DMCR Foundation

Application Form For Admission into B.D.S. Course

Session

- Students who have passed in SSC/'O' Level and HSC/'A' Level examination from any Board in Bangladesh or equivalent examination from abroad in the pre-medical group with physics, chemistry and biology, are eligible to apply for admission if they have qualifying marks as per the Government rules.
- Application must be filled-up and submitted along with the under noted documents
 - Attested photocopy of the certificate of SSC/'O' level examination.
 - Attested photocopy of provisional certificates of HSC/'A' level examination.
 - Mark sheet of S.S.C & H.S.C examination or equivalent examination.
 - Four copies of recent passport size photograph of the candidate.
 - A character certificate from the head of the institution last attended.
 - A nationality certificate from commissioner or by Notary public.
 - Photocopy of the Passport
 - Any other Certificate for extra curriculum Activities.
 - Original documents must be submitted at the time of final admission.
- The duration of BDS Course is four years with professional examination in each year. The course is followed by honorary one year of compulsory professional practice in the form of rotatory internship
- Class attendance Minimum 75%
- All the students will have to pay their tuition fees by the 7 days of every running month.
- If any students fail to pay the tuition fees by due date, the next date to clear the fees are between 8th to 25th of the same month with a fine of Tk. 200/-. If the fees still remain unpaid, then for each month Tk. 300/- will be added with the regular fees.
- Advance post dated cheque are to be submitted at the time of admission to the accounts dept. completing total payments of development fees, Annual/Session fees, training and other miscellaneous fees.
- Student has to pay the monthly tuition fees till he /she passed the final B.D.S university examination.
- Failure in payment in schedule time will be treated as defaulter and liable to impose 2% fine daily on the various fees.
- Before appearing any University Examination, Students must have to clear all the dues before the month of exam.
- The name of the student will be struck off from the college register if the fees remain unpaid for three months or more. The students then will have to seek re-registration on payment of full arrear dues and also the re-registration fees.
- Students are expected to have maintain a high standard in their academic and private life. Lapses of moral values or addiction to drugs, gambling or any other crimes are punishable offences.
- No student will be allowed to participate in any political activities or any types of demonstrations either within the college campus or outside.
- The management of UDC reserves the right to change or implement any new rules for the betterment of the institution

Sl. No.	Student ID	Registration No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of the Student

PARTICULARS OF THE APPLICANT

Photo
Four Copies

Applicant's First Name

Middle Name

Last Name

Sex

☐ M ☐ F

Date of Birth

D D M M Y Y

Blood Group

Place of Birth

Nationality

PassportNo./National ID

Father's Name:

Mother's Name:

Father's/ Guardian Designation/Occupation :

Mother's/ Guardian Designation/Occupation :

Father's Work Address:

Mother's Work Address :

Ph :

Ph :

Present Address :

Permanent Address :

Parents Yearly Income :

Mail Delivery: Present Add.

☐ Permanent. Add.

☐ Work Add.

Res : Tel :

Mob :

E-mail :

Fax :

Academic Qualification :

	Physics		Chemistry		Biology	
	Grade	Grade Point	Grade	Grade Point	Grade	Grade Point
S.S.C.						
H.S.C.						

Name of Exam	Year of Passing	Grade Point	Total Grade Point	Name of Institution	Board
S.S.C/ O Level					
H.S.C/ A Level					

Declaration

The information furnished above is true and. correct The College authority can take any legal action against me if they find the above information is false or incorrect. It is also understood that the College authority reserves the right not to send me to appear in the University exam if my attendance is less than 75% and my schedule fees is not clear or if I fail to pass the assessment exam.

I, the undersign solemnly declare that I shall obey the college rules and will not take part in any activities subversive to the state and college discipline. I also undertake that I shall not take part in any political activities either inside or outside the college.

Student's Signature

Total Payable Amount for B.D.S Course (without tuition & exam fees)	
Admission Fee	Tk.
Development Fee	Tk.
Session Fee	Tk.
Lab. Facilities Fee	Tk.
Clinical training Fee	Tk.
Miscellaneous Fee	Tk.
Caution Money (Refundable)	Tk.
Others	Tk.
Total Payment	Tk.

SCHEDULE OF PAYMENT

Total Payment at the time of Admission (1 st Installment)

Admission Fee	TK.	to be paid on .	
Development Fee	TK.	to be paid on .	
Session Fee (for 1 st Academic year)	TK.	to be paid on .	
Lab. Facilities Fee	TK.	to be paid on .	
Miscellaneous Fee (for 1 st Academic year)	TK.	to be paid on .	
Caution Money (Refundable)	TK.	to be paid on .	

2nd Installment

Session Fee for 2nd Academic year	TK.	to be paid on .	
Clinical Training Fee	TK.	to be paid on .	
Miscellaneous Fee for 2nd Academic year	TK.	to be paid on .	

3rd Installment

Session Fee for 3rd Academic year	TK.	to be paid on .	
Clinical Training Fee	TK.	to be paid on .	
Miscellaneous Fee for 3rd Academic year	TK.	to be paid on .	

4th Installment

Session Fee for 4th Academic year.	TK.	to be paid on .	
Clinical Training Fee	TK.	to be paid on .	
Miscellaneous Fee for 4th Academic year	TK.	to be paid on .	

Tuition Fee :

Per Month for 1 st & 2nd Academic year	TK.	
Per Month for 3rd & 4th Academic year	TK.	

DECLARATION

I, the undersign _____ father/mother of _____ do hereby undertake all the responsibilities of my ward regarding all the payment of various fees for the B.D.S Course mentioned above. I will regularly pay the monthly tuition fees and the Centre fee for exam for my ward till he/she pass final B.D.S. University Examination. It is also understood that failure in payment in schedule time will be treated as defaulter and I will be liable to pay 2% fine daily on the various fees.

I will abide by the rules and regulations of the University Dental College. I will have no objection if the college authority change or implement any new rules for the betterment of the institution.

Signature of Father / Mother / Guardian

Name & signature of
witness

For Office Use only

Sl. No.	Student ID	Registration No.

Documents received :

<ol style="list-style-type: none"> 1. 4(four) copies of Passport size color photograph. 2. On line result sheet of MBBS/BDS admission test 20..... 3. On line application Form (student copy) 4. Original copy of admit card of MBBS/BDS admission test 20..... 5. Original copy of academic transcript of SSC & HSC or equivalent exam. 6. Original copy of certificate/testimonial of SSC & HSC or equivalent exam. 7. Original copy of nationality certificate from Mayor or Ward Commissioner of City Corporation/ Chairman of Paurasova or Union Parishad/ photocopy of national identity card. 8. Original copy of Tribal certificate (for tribal Quota only). 9. Original copy of Freedom fighter (for freedom fighter quota only). 10. Original copy of marksheets of 'O' Level & 'A' level/ equivalent exam. which should be equalization by the office of Director General of Health Services. 11. Photocopy of passport for the foreign student only. 12. Character certificate from the head of the institution last attended. 13. Any other Certificate for Extra curriculum activities 	<table style="width: 100%;"> <tr> <td>Original <input type="checkbox"/></td> <td>Duplicate <input type="checkbox"/></td> </tr> <tr> <td>Original <input type="checkbox"/></td> <td>Duplicate <input type="checkbox"/></td> </tr> <tr> <td>Original <input type="checkbox"/></td> <td>Duplicate <input type="checkbox"/></td> </tr> <tr> <td>Original <input type="checkbox"/></td> <td>Duplicate <input type="checkbox"/></td> </tr> <tr> <td>Original <input type="checkbox"/></td> <td>Duplicate <input type="checkbox"/></td> </tr> <tr> <td>Original <input type="checkbox"/></td> <td>Duplicate <input type="checkbox"/></td> </tr> <tr> <td>Original <input type="checkbox"/></td> <td>Duplicate <input type="checkbox"/></td> </tr> <tr> <td>Original <input type="checkbox"/></td> <td>Duplicate <input type="checkbox"/></td> </tr> <tr> <td>Original <input type="checkbox"/></td> <td>Duplicate <input type="checkbox"/></td> </tr> <tr> <td>Original <input type="checkbox"/></td> <td>Duplicate <input type="checkbox"/></td> </tr> <tr> <td>Original <input type="checkbox"/></td> <td>Duplicate <input type="checkbox"/></td> </tr> <tr> <td>Original <input type="checkbox"/></td> <td>Duplicate <input type="checkbox"/></td> </tr> <tr> <td>Original <input type="checkbox"/></td> <td>Duplicate <input type="checkbox"/></td> </tr> </table>	Original <input type="checkbox"/>	Duplicate <input type="checkbox"/>	Original <input type="checkbox"/>	Duplicate <input type="checkbox"/>	Original <input type="checkbox"/>	Duplicate <input type="checkbox"/>	Original <input type="checkbox"/>	Duplicate <input type="checkbox"/>	Original <input type="checkbox"/>	Duplicate <input type="checkbox"/>	Original <input type="checkbox"/>	Duplicate <input type="checkbox"/>	Original <input type="checkbox"/>	Duplicate <input type="checkbox"/>	Original <input type="checkbox"/>	Duplicate <input type="checkbox"/>	Original <input type="checkbox"/>	Duplicate <input type="checkbox"/>	Original <input type="checkbox"/>	Duplicate <input type="checkbox"/>	Original <input type="checkbox"/>	Duplicate <input type="checkbox"/>	Original <input type="checkbox"/>	Duplicate <input type="checkbox"/>	Original <input type="checkbox"/>	Duplicate <input type="checkbox"/>
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Mark sheet & all the certificate is verified & found correct	Student Relation officer																										

Name & Address of the Local Guardian

Candidate Referred by

Grade/Marks Obtained in Admission Test :-

Medical Test done on

Special Note:

Executive Director

Principal