

AMRITA SCHOOL OF DENTISTRY

H O S T E L A D M I S S I O N F O R M

**BACHELOR OF DENTAL SURGERY
B.D.S – 2026**

Paste Photo
(Passport Size face close up)

Speciality : _____

Roll Number : _____

Name in full: _____

Male/Female _____

Age & Date of Birth _____

Address for correspondence _____

Name & Occupation of Father _____

Tel No. (Off) _____ **Residence** _____

Mobile _____

Fax _____ **E-mail** _____

Name of visitors with address & telephone numbers:

1. _____

2. _____

Tel No. _____

Tel No. _____

3. _____

4. _____

Tel No. _____

Tel No. _____

Hobbies _____

Prizes _____

Local Guardian (Name): _____

Address _____

**Paste Local
Guardian Photo**
(Passport Size face close up)

Telephone Res: _____ Off. _____

E-mail _____ Mob: _____

Fax _____ Blood group of the student _____

Joint Declaration by the Parent/Guardian and Student

I, Mr./Mrs. _____ hereby undertake that my son/daughter/ward Mr./Ms., _____ will abide by rules and regulations of the hostel and will obey the Warden and the Senior Members of the Health Sciences Campus of Amrita Vishwa Vidyapeetham, Kochi. We have read the relevant instructions/regulations against ragging, as well as punishments, as stipulated in the rules and regulations, and that if my Ward is found to have involved or indulged in any act of ragging actively or passively the Principal, Amrita School of Dentistry and or of the concerned school has the right to proceed against us and the decision of the Principal will be binding on us.

If at any time my Ward _____ is found to have violated the rules, regulations or instructions, the Principal School of Dentistry / Chief Warden or the official duly authorized by the Principal may take appropriate disciplinary action as deemed fit.

The Parents and the Ward in the presence of Principal/ Chief Warden jointly signed this agreement

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Signature of Parent/Guardian

Date.....

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Signature of Student

Date :