



AMRITA
VISHWA VIDYAPEETHAM

Clear passport
size, face
close up
colour photo

AMRITA SCHOOL OF DENTISTRY- B.D.S 2026

PERSONAL DATA

Roll No.															
MRD Number															
AADHAR Number															

FILL IN BLOCK LETTERS

All the columns should be properly filled in. Nothing should be left blank

Name of the student																	
Expansion of Initials																	
Male / Female											Blood group						
Mother tongue											Nationality						
Date of Birth (DD/MM/YY)											Place of birth						
Religion						Caste						SC/ST/OBC/ General					
Language in which you need Mathruvani (Magazine)																	
Permanent address (with State and Pin code)					Address for Communication (with State and Pin code)					Address in which Mathruvani has to be sent (with State and Pin code)							
Student Mobile Number (WhatsApp)							Father's /Mother's Mobile Num- ber (WhatsApp)										
Father's /Mother's Email ID							Student Email										
Marks in HSE/Senior Secondary/ Equivalent or Grade	Aggregate					Percentage					Percentage						
	Physics Out of 100	Chemistry Out of 100				Biology Out of 100	English out of 100				PCB	English					

	Father	Mother	Local Gaurdian
Name			
Occupation			
Annual Income			NA
Name and address of the organization Where working			
Telephone No.(Off) (With STD.Code)			
Telephone No.(Res) (With STD Code)			
Mobile No.			
Fax No			
Email Id			

Affix a
photo of
Father

Affix a
photo of
Mother

Affix a
photo of lo-
cal guardian

Joint Declaration by the Parent & Student

I, Smt. / Sri. / Dr. am fully aware of the financial obligations resulting out of admitting my son / daughter/Ward to the Amrita School of Dentistry under the Amrita Vishwa Vidyapeetham and we (myself and my Ward) are aware and agree that:

1. We accept all the terms and conditions applicable for admission to Amrita Vishwa Vidyapeetham and as detailed in the booklet, Rules and Regulations applicable for ad
2. If any of the information furnished in this document by me or my Ward is found to be incorrect, admission is liable to be Cancelled.
3. Fees (including tuition, hostel, mess and other fees) now being paid by us are as per the current rate and the College has right to revise the fees at any time during the course period. If any such revision takes place and demand is made by the Principal for payment of the revised fee, the same shall be paid by us within the time limit specified by the Principal.
4. I the parent and (Student) hereby agree and Undertake to do the Compulsory Rotating Residential internship in Amrita Institute of Dentistry itself.
5. We understand that staying in the Hostel is compulsory. Under no circumstances permission will be Sought to live outside during the duration of the course.
6. We note that this Institution is an extension of Mata Amritanandamayi Math". Rules regulations and the requirements of discipline as envisaged by the Math will have to be strictly adhered to. If the Principal found that the student has committed a breach of any of these requirements, he may at his discretion take appropriate action including rustication.
7. We have read the relevant instructions/regulations against ragging, as well as punishments, as stipulated in the 'Rules and Regulations, and that found to have involved or indulged in any act of ragging actively or passively the Principal, Amrita School of Medicine/ Dentistry has the right to proceed against us and the decision of the Principal will be final and binding on us.
8. We agree that we will be responsible for any/all actions of the local guardian in relation to the student.

Signature of Student:

Signature of Father / Mother:

Date: _ _ 2026

Date: _ _ 2026

I agree to be the local guardian of the student Kum. /Shri.

Signature of Local Guardian:

Date: _ _ 2026