



Shaheed Kartar Singh Sarabha Dental College

V.P.O – Sarabha Distt – Ludhiana (Pb.)

Ph.: 0161-2864808, 2864814 Fax: 0161-2863037

ADMISSION FORM

(Please write your name in full in CAPITAL letters)

Name: _____

Age: _____

Sex: _____

Father's Name _____

Mother's Name _____

Address:

Contact Number: _____

(Two Numbers Landline + Mobile)

Position & Marks in Entrance Test: _____

Marks in 12th: _____

Marks in PCB _____

(Copies of Certificates Attached)

1) _____ 5) _____

2) _____ 6) _____

3) _____ 7) _____

4) _____ 8) _____

Applicant's Signature

Parent's/ Guardian's Signature

Date