

STUDENT INFORMATION

(Please fill all details as per your admission documents)

- Full Name of Student: _____
- Father's / Mother's Name: _____
- Residential Address: _____
- Contact Number: _____
- Email ID: _____
- Admission Program: ☐ BDS ☐ MDS
- Specialty (for MDS only): _____
- Academic Session: 20____ – 20____

DECLARATION BY THE STUDENT

I, _____ (student name), son/daughter of
_____ (parent name), hereby declare that:

1. I have read and understood all the rules, regulations, and undertaking documents uploaded on the official website of Ahmedabad Dental College & Hospital.
2. I agree to abide by all the terms and conditions regarding my admission, fees, academic responsibilities, hostel/transport services, intellectual property, and disciplinary rules as specified in the undertaking.
3. I acknowledge that discontinuation of my course at any stage will make me liable to pay the entire course fees, as per the undertaking.
4. I also confirm that I have explained these terms to my parents/guardian, and they too agree to abide by them.

ACKNOWLEDGEMENT & SIGNATURE

Student:

Parent/Guardian:

Signature:

Signature:

Name:

Name:

Date:

Date: