DR. SHWETHA'S ACADEMY OF DENTAL ASSISTANTS

SADA
Empowering lives...

APPLICATION FORM

Registration No : ..... Candidate ID : ..... Registration Date: .....

Candidate Name : .....

Gender : ..... Date of Birth : .....

Place of Birth : ..... Category : .....

Father's Name : .....

Mother's Name : .....

Mark's Of Identification :

1. .....

2. .....

Contact Details : .....

Permanent Address : .....

.....

Correspondence Address : .....

.....

Mobile No: ..... Alternative No : .....

Photo Identity : Aadhar Card No : .....

DECLARATION

I hereby declare that the information provided by me in the Registration and Application form is correct. In case any information provided by me that is found to be untrue, I shall be liable to civil/criminal prosecution and my admission in the institute may be terminated with immediate effect.

I hereby declared that I will abide by the rules and reputation of the institute. Any misconduct done by me during the course of the training, I will be held responsible to the institute may take appropriate action including immediate termination of my association with the institute.

Signature of Candidate

Left Thumb Impression of Candidate

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