



Mauras College of Dentistry
Mauritius.

10. Name of School from where Higher Secondary Education (12th) or 'A' level exam has been passed.

Name: _____

Address: _____

City: _____

State and Country: _____

11. Name of the Education Board from which the qualifying exam has been passed.

Name of the Board: _____

STATE AND COUNTRY: _____

12. Date of passing the qualifying examination(DD/MM/YYYY):

13. Marks/Grade in the Following Subjects (AS PER TRANSCRIPT) :

Sr. No.	Subject	Theory	Practical	TOTAL	GRADE
1]	Physics				
2]	Chemistry				
3]	Biology				
4]	Maths				
5]	English				

17. Please furnish details of the Matriculation/ SSC (10th) examination/O Level Examination.

Name of the School: _____

Name of the Board: _____

Year of passing: _____

Percentage Marks/ GPA : _____



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DECLARATION

- 1) I hereby declare that the information on furnished in the above form is correct the best of my knowledge and ability. I promise to abide by the rules of admission and I have read and understood these rules properly.
- 2) I hereby agree, if admitted, to conform to the rules and regulations at present in force or that may hereafter be made. For the governance of the college, I undertake that so long as I am a student of BDS/ MDS/ Diploma Courses. I will do nothing either inside or outside the Collage that will interfere with the orderly governance and discipline of the institution.

Date: _____

Signature of the Candidate _____

For Office Use Only:

Registration No.: _____

Dt.: of Receipt

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