



Dental College Campus



Pharmacy, Physiotherapy & Nursing College Campus

CHILDREN'S EDUCATION SOCIETY (REGD.)

The Oxford College of Dental, Pharmacy, Nursing & Physiotherapy

(Recognised by the Govt. of Karnataka, Affiliated to Rajiv Gandhi University of Health Sciences,
Recognised by Dental Council of India, New Delhi & Indian Association of Physiotherapists,
Approved by PCI & AICTE, New Delhi, Karnataka Nursing Council, Bangalore & Indian Nursing Council, New Delhi.)

10th Milestone, Bommanahalli, Hosur Road, Bangalore- 560068

Phone : **080-30219626/603/601/602** Fax: **080-30219629, 25730551**

No. 6/9, I Cross, Begur Road, Hongasandra, Bangalore – 560068 (Adjacent to The Oxford Dental college)

Phone: **080-30219626/603/601/602** Fax: **080-30219629, 25730551**

Email : adn@theoxford.edu Web: www.theoxford.edu

APPLICATION FOR ADMISSION

Application No.:

Admission No.:
(for office use)

Instructions: Tick (✓) the relevant box

Affix your recent
Passport
Photograph here.
Also enclose one
more photograph
separately with
name & course
written at the back

B.D.S.

M.D.S (SPECIALITIES)

Prosthodontics and
Crown & Bridge

Public Health
Dentistry

Periodontology

Pedodontics and
Preventive Dentistry

B.PHARM

M.PHARM (SPECIALITIES)

Pharmaceutics

Conservative Dentistry and
Endodontics

Oral & Maxillofacial Surgery

Orthodontics and
Dentiofacial Orthopedics

Oral Medicine & Radiology

Oral Pathology &
Microbiology

PHARM.D

Pharmacology

DIPLOMA

Dental Mechanic's
Course

Dental Hygienist's
Course

X-Ray Technician's
Course

Medical Lab.
Technician's Course

PHARM.D

(POST BACCALAUREATE)

D. PHARM

Pharmacognosy

B.Sc (Nursing)

P.C. B.Sc (Nursing)

D.G.N.M

M.Sc (Nursing) SPECIALITIES

Medical Surgical Nursing

Obstetrics & Gynaecological Nursing

Pediatric Nursing

Community Health Nursing

Psychiatric Nursing

B.P.T

M.P.T (ELECTIVES)

Musculoskeletal Disorders and Sports Physiotherapy

Cardio- Respiratory Disorders

Neurological and Psychosomatic Disorders

Community Rehabilitation

Ph. D

Pediatrics

1. Name of the candidate in full (In Block Letters) (as recorded in school/ College leaving Certificate)	
2. Father's Name	
3. Mother's Name	
4. Sex(Male/ Female)	
5. Date of Birth (supported by Proof of Date of Birth Certificate)	In Figures
	In Words
6. Permanent Address of parent or Guardian With phone number including STD/ ISD code PAN No. Email ID	
7. Correspondence address of the Parent or Guardian with Phone number including STD/ ISD Code	
8. Local address of the Parent or Guardian with Phone Number	
9. E-mail ID of the Student	
10. Occupation and Total annual income of Parent/ Guardian	

11. Other Details:

a) Nationality	
b) Religion	
c) Caste	
d) Place of Birth	
e) Native District	
f) State	
g) Mother tongue	
h) Blood Group	
i) Languages known	
j) Medium of Instruction in School / College	
k) PAN No. l) Aadhar Card No.	

12. EDUCATIONAL QUALIFICATION :

Course	Name of the Institution & Address	Month & Year of Passing	Board / University	Register Number	Class / Division	Total Marks with % PCB/PCM/ PCBE (Applicable to UG Course)	Total Marks with %

13. I am enclosing the following Original Certificates with ONE photocopy of each Mark (✓) wherever applicable.

- | | |
|---|----------|
| 1. S.S.L.C. Marks Card or Equivalent (for proof of date of birth) | Yes / No |
| 2. PUC / 10+2 or Equivalent Marks Card | Yes / No |
| 3. Three Years Degree Marks Card | Yes / No |
| 4. Transfer / Leaving / Discharge Certificate | Yes / No |
| 5. Migration Certificate | Yes / No |
| 6. Provisional / Degree Certificate | Yes / No |
| 7. Attempt Certificate [for MDS] | Yes / No |
| 8. Rotatory Internship Completion Certificate [for MDS / MPT] | Yes / No |
| 9. Council Registration Certificate [for MDS, M.Pharm, PCBS & M.Sc Nursing] | Yes / No |
| 10. Industrial Training Certificate [for M.Pharm] | Yes / No |
| 11. Experience Certificate (Minimum 1 yr.) [for M.Sc Nursing] | Yes / No |
| 12. PAN Card | Yes / No |
| 13. Aadhar Card | Yes / No |

FOR CET STUDENTS ONLY

Free Seat/ Payment Seat	
CET Admission Order No. & Date	
CET. No.	
Rank	
Category	
Free Karnataka/ Free Non- Karnataka	
Payment Karnataka/ Payment Non-Karnataka	

1. If admitted I promise to abide by the Rules and Regulations of the Institution and maintain the decorum, decency and discipline throughout my stay, at all times, both inside and outside the college.
2. I shall pay the prescribed fee and understand that fee once paid by me is not refundable under any circumstances.
3. I understand that the final allotment of the course vests entirely with the management of the society.
4. I shall attend all the lectures, practical classes and tests regularly and will complete all assignments in time as expected and demanded from me by my authorities. If I am short of attendance, as per University rules, I fully understand that I will not be allowed for annual examinations.
5. I declare I am physically fit to undergo and complete the course and understand that any temporary illness no excuse for not fulfilling norms of class attendance, practical and other various assignments etc. of the course. I will not be absent from any of the activities of the course without bonafide cause at any time during the period of the course.
6. I understand that association with any unlawful organisation of any nature is strictly forbidden. I will not do anything or indulge directly or indirectly with any act or associate myself with any person or organization, which jeopardizes the interests or sanctity of the College or Society in any way, including ragging.
7. I fully understand that in event of any incidents warranting my explanation, the decision of the management is final and totally binding on me.
8. All the facts mentioned in this application are true and correct to the best of my knowledge and I understand fully that I am liable to be punished if facts are found untrue and incorrect and my admission will be summarily rejected leading to my removal from the college later at any time and also forfeiture of all fees/funds/deposits paid by me.
9. **I understand that my admission is only provisional pending final approval by the university. I shall produce all the necessary original certificates as required by the university well in time, for early confirmation of my admission.**

Place:

Date:

Signature of the applicant

DECLARATION BY THE STUDENT

I hereby declare that the information given above is complete and accurate to the best of my knowledge. I understand that any misrepresentation will lead to rejection of my application or dismissal. In the event of my securing admission, I agree to abide by all the Rules and Regulations of the College and University

Place:

Date:

Signature of the Student

DECLARATION BY THE PARENT/GUARDIAN

I have gone through the particulars filled above and the declaration signed by my son/daughter/ward. If he/she is admitted in your institution, I undertake the responsibility of his/her good conduct. I shall be responsible for the payment of all his/her dues, if any, to the institution.

Place:

Date:

Signature of the Parent/Guardian

Administrative Office

The Oxford Educational Institutions

C.A. Site No. 40, 1st Phase, J. P. Nagar, bangalore - 560 078.
Ph: 080-2245 2855, 2665 9532, 3041 0501/02. Fax: 080-2244 6499, 2654 8658
E-mail: info@theoxford.edu Website: www.theoxford.edu