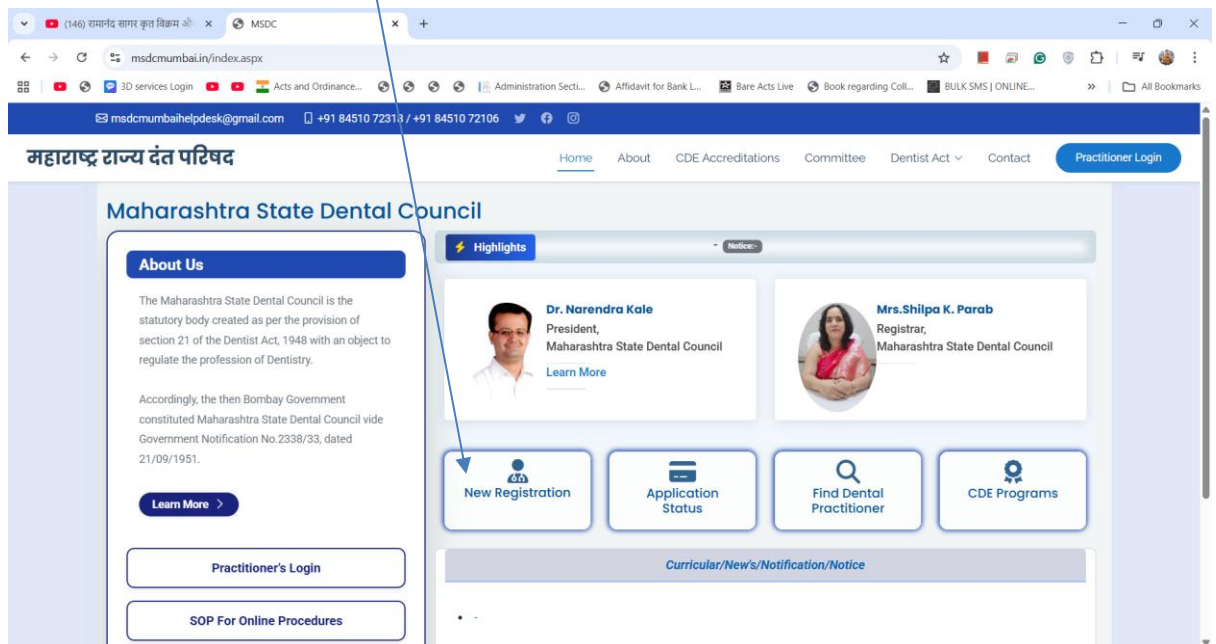


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FOR NEW REGISTRATION / TRANSFER REGISTRATION

1. Click on Registration → New Registration



2. Read the instructions carefully.

The screenshot shows the 'New Registration Login' form. It has a title 'New Registration Login' at the top. Below the title are four input fields: 'A-I', a password field (indicated by dots), 'KEKDTs' (with a circular icon), and 'Enter captcha image'. A blue 'Login' button is positioned below the captcha field. At the bottom, there is a link that says 'Don't have an Account! Sign Up Here'.

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3. **ORIGINAL DOCUMENT SCANNED** copies \leq 500 KB, in .pdf/.jpg/.jpeg/.gif:

Nationality certificate or Birth Certificate or Passport


CERTIFICATE OF AGE, NATIONALITY, DOMICILE, etc (For the purpose of Education/Service/Medical Treatment.)	
Rev. Case No.	
ON SUBMISSION OF THE PROOF NOTED BELOW,	
It is hereby certified that Ku. 1 Son/Daughter of Shri A note of Village/Town Warud Taluka Warud District Amravati was born on the 01-01-1997 , Sixth of June One Thousand Nine Hundred Ninety Seven at Amravati in the State of Maharashtra within the territory of India.	
That he/she is a CITIZEN OF INDIA That he/she is a Domiciled in the State of Maharashtra.	
PARTICULARS OF PROOF SUBMITTED	
A. Answers given by the Applicant in the form of the questionnaires prescribed.	
B. Affidavit dated 1	
C. School/College Leaving Certificate issued by .	
D. Copy of Ration card. C.O(N.P....) V.D.O Gram Sevak Talathi Cert.	
Note :- If it is Later on Found that the applicant has furnished in correct or false information this Certificate is Liable for Cancellation.	
Place :	
Date:	

kawde 394255DOMICILE 5 01:26:07 pm


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- Internship completion certificate from college.


A-49990




VIDARBHA YOUTH WELFARE SOCIETY'S
DENTAL COLLEGE & HOSPITAL, AMRAVATI
दंत महाविद्यालय व रुग्णालय, अमरावती




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 0721-2662166

 vywsdch@rediffmail.com, vywsdch@gmail.com, vywsdch@vywsdchamt.edu.in

N. R. Dhande	Adv. U.S. Deshmukh	Prof. Dr. H. M. Deshmukh	Shri. Y.V. Choudhary	Dr. R. V. Gondhalekar
President	Vice-President	Treasurer	Secretary	Dean

Ref. No. DCA/INT/1094/2022

Date : 06/01/2022

Internship Completion Certificate

This is to certify that ~~Mr~~/Miss/~~Mrs.~~
has passed the final year examination of **BACHELOR OF DENTAL SURGERY (B.D.S)** course conducted by the Maharashtra University of Health Sciences, Nashik held in **Summer/Winter 2020**. ~~He~~/ She is bonafide student of this College/Institute having University Examination Permanent Registration Number is **0217147748**

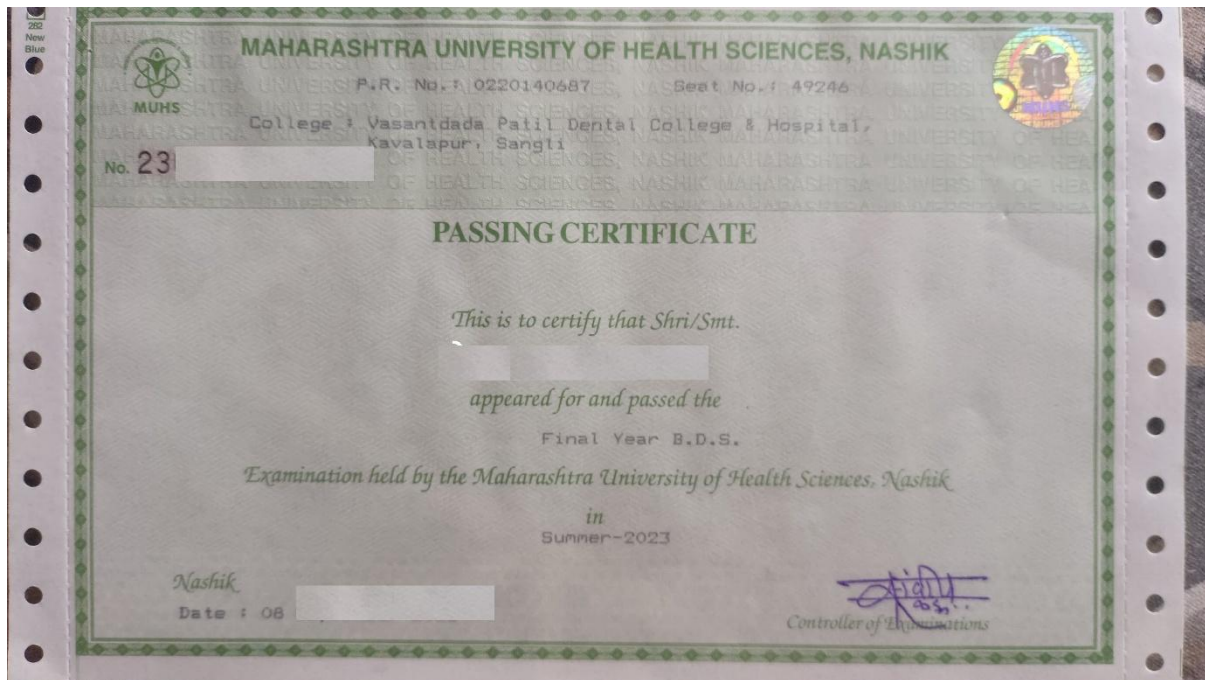
That ~~Mr~~/Miss/~~Mrs.~~ N) has satisfactorily completed Compulsory Rotatory Internship Training programme of **One Year** duration i.e. for **365** days from date **28.12.2020** to date **03.01.2022** as per the Central Council of University norms. During this period ~~his~~/her clinical work and conduct was found satisfactory and there is no Legal or Admission eligibility related matter is pending with the student and thus ~~he~~/she found eligible for the award of **BACHELOR OF DENTAL SURGERY (B.D.S)** degree by the University.

Date :- 06/01/2022
Place :- Amravati

Dean
VYWS Dental College & Hospital,
Amravati

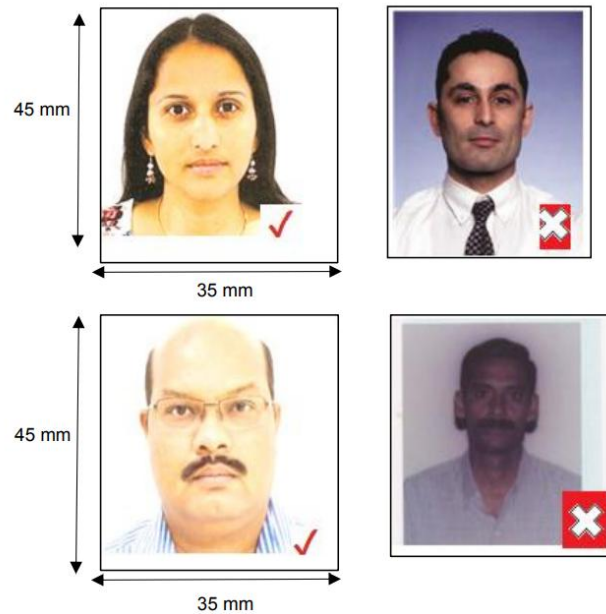
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- University Passing certificate (BDS)



- Passport Size photos (colour) receipts

Close up of the head and top of the shoulders should be such that the face takes up 80-85% of the photograph



-
- PANCARD



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- **Aadhaar Card (Unique Identification Authority Of India)**



-
4. Fill in the online application form.
 5. Pay ₹1600 online (Net Banking / Debit / Credit Card).
 6. Submit and download the acknowledgment receipt.

***** END OF THE PROCESS*****