



RAK College of Dental Sciences

Ras AL Khaimah , UAE

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E-mail: admissions@rakcods.com Website : www.rakcods.com

Application Form for 2010-2011



Application No :

ID No :

PERSONAL DETAILS

Name of the applicant as per passport [leave one space between names]

Date of Birth (dd/mm/yyyy)

Sex

Blood Group

Nationality

Father's Name

Occupation

Mother's Name

Occupation

Name of the guardian/sponsor [if other than parents]

Occupation

Address for correspondence

PO Box

City Pin / Zip Code

Country

Telephone No. (include Country & Area code)

Mobile No. with area code

E-mail ID

Emergency contact phone No with code

Emergency Mobile No. with area code

PASSPORT DETAILS

Passport Number

Date of Issue

Date of Expiry

Issued at:

EDUCATIONAL DETAILS

Give the following details of the NGSSE/12th grade or its equivalent qualifying examination

[i] Name of the qualifying examination

[ii] Institution last studied

[iii] Name of the Board/University & Country

[iv] Details of marks in all subjects (in the table given below)

Subject	Marks Obtained	Maximum Marks
Total		

[v] Percentage of marks or grade obtained individually in Physics % Chemistry % Biology %

[vi] Percentage of aggregate marks obtained in total of Physics, Chemistry and Biology %

[vii] TOEFL/IELTS Score: Date of completion of TOEFL/IELTS

[viii] Please mention any special achievements/awards _____

[ix] Name the source through which you came to know about us _____

DECLARATION: I have gone through the Admission Bulletin and I shall abide by all the conditions laid therein. I further hereby declare that all the information given and statements made in this application and also its accompanying attachments and enclosures are true to the best of my knowledge. I agree to the condition that if any information or statement is found to be incorrect, my admission will automatically be cancelled.

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

Application Fee Paid Yes No Rt. No. _____ Dt. _____

Admission Fee Paid Yes No Rt. No. _____ Dt. _____

Admission to _____ Program Eligible Not Eligible

Eligible for merit scholar ship / any other. If so, remarks _____

Date

Admissions Office _____