



**GOVERNMENT DENTAL COLLEGE
Gandhinagar P.O. Kottayam Kerala-686 008**

Phone /Fax: 0481 2594046 E mail: principal@gdckottayam.org Website: www.gdckottayam.org

**VERIFICATION OF CREDENTIALS ON ADMISSION
[Tick the columns which are applicable to the candidate]**

Course & SubjectBatch Date of admission

Name :		Date of Birth :	
Roll No. of the Candidate :		Rank No :	
Remarks			
1	Allotment Letter	Yes/No	
2	Caste Certificate	Yes/No	
3	Admit Card	Yes/No	
4	Score Card	Yes/No	
5	SSLC Certificate	Yes/No	
6	Admission Memo	Yes/No	
7	Medical Fitness Certificate	Yes/No	
8	Rank Letter	Yes/No	
9	UG Equivalence Certificate	Yes/No	
10	Migration Certificate	Yes/No	
11	Date of Birth [10 th Class Certificate]	Yes/No	
12	BDS Mark Lists of 1 st , 2 nd , 3 rd , Final Part I & II	Yes/No	
13	BDS Degree Certificate	Yes/No	
14	CRR I Certificate/Internship Certificate	Yes/No	
15	Permanent/Provisional Dental Council Registration Certificate	Yes/No	
16	Transfer Certificate	Yes/No	
17	Conduct Certificate	Yes/No	
18	Bonds	Yes/No	
19	Adar card copy	Yes/No	
20	Fee Remittance	Yes/No	
21	Photo 2 nos	Yes/No	
Signature of the Candidate :			
Name of the candidate :			

For office use only

Section Clerk	Jr. Superintendent	Administrative Assistant/ Accounts Officer	Principal