

## REGISTRATION FORM

RIPEE ( RAGHASAI INSTITUTE OF POST GRADUATE ENTRANCE EXAMS )

No: 439/A ,3 rd Cross, Hosa road, Hosur Main Road, Banglore -100.

E-Mail: ripee@yahoo.com; drjjrao@yahoo.com Website : www.ripee.org

FILL UP THE FOLLOWING DETAILS IN CAPITAL LETTERS ONLY.

Name

Surname

Last Name

Current Address

Town / City

District

State

PIN Code

Tel No. (with STD Code)

(R)

If you do not have a direct number,  
kindly give your C/O number

(O)

Mobile No.

Email ID

<pic>

PERMANENT ADDRESS DETAILS

Permanent Address

Town / City

District

State

PIN Code

Tel No. (with STD Code)  
If you do not have a direct number,  
kindly give your C/O number

(R)

(O)

Date of Birth

Sex

Male

Female

Dental College Graduation

City

Present Occupation

Final BDS Exams going / Exams just over

Internship

Internship Over

Whether appeared in any PG  
Entrance Examination earlier

Yes

No

If YES, please specify the examination with year and the rank obtained

i)

ii)

Father / Husband's Profession

Service

Medicine

Business

Others

Details

Source of information regarding our courses

- Friends  
 News Paper Ad  
 WIZIQ Portal

- Ad on Yahoo  
 Website

[CHECKLIST OF ENCLOSURES](#)

- Admission Form Duly Completed & Signed  
 3 recent Passport sized photographs (one pasted on the Application Form and two loose with name legibly written on the backside)  
 Pre-requisite Fees paid by -

- Cash       Cheque       D.D

Course Fee  
(Rs.)

Service Tax  
(Rs.)

Total Fee Payable  
(Rs.)

I have read the regimen and I am in complete agreement with the programme details, rules & regulations of the course opted by me.

Signature of the Student

FOR HEAD OFFICE USE ONLY

Roll No.

Course Code (ID)

Installment Facility

- Yes       No

Batch Allotted  
(For classroom courses)

Date of Admission  
(Same on which fee receipt is made)

(If YES, date by which final installment is to be paid)

Admission Packet contains

- Complete Admission Form
- Photographs
- Fee related issues
- Documents
- Others (please specify) \_\_\_\_\_

PAYMENT DETAILS

Receipt No.	Date	Cash / Cheque / D.D.	Rupees	Remarks

Any other special remarks \_\_\_\_\_

Signature of the Concerned Authority