



DECLARATION

To,
ThePrincipal,
Sri Hasanamba Dental College and HospitalHassan-573202, Karnataka

Sir/Madam,

				BDS 2026 - 27	
NAMEOFTHECANDIDA TE					
FATHER'SNAME					
UGNEETROLLNO.			UGNEETRank		
TYPEOFALLOTMENT	I Round	II Round	IIIRound	MOPUPRound	
CATEGORYCLAIMED	GM ☐ /CatI ☐ /CatIIA ☐ /Cat IIB ☐ /CatIIB ☐ /CatIII ☐ A/CatIIIB ☐ /OBC ☐ /SC ☐ /ST ☐				
CATEGORYALLOTTED	GM ☐ /CatI ☐ /CatIIA ☐ /Cat IIB ☐ /CatIIB ☐ /CatIII ☐ A/CatIIIB ☐ /OBC ☐ /SC ☐ /ST ☐				
E-Mail					
MobileNo					

I _____/oD/o_____residingat
_____have joined the allotted BDS seatatSri Hasanamba Dental College and
HospitalduringtheAcademyear 2026-27on_____ (date)do herebyundertakeas follows.

I have submitted all the required Original Certificate at time of admission for the approval ofBDS admission seat.If
the documents are found fake or colour Photocopied, I will be held responsible forthe same and I will be liable for
criminal proceedings if any one of the above information/documentsproducedbyme is foundto be false/incorrect.

Date:.....

Place: HASSAN

SignatureofParent/Guardian& LTM

SignatureofCandidate and LTM