

Association of Private Dental and Medical Colleges of Madhya Pradesh

DMAT Office, E-2/51, Arera Colony, Opposite Habibganj Railway Station
Near Niramay Hospital, Bhopal -462016 (M.P.)

No. APDMC/2008/

Dated: May 2008

To,

Sub: Implementation of Reservation Policy issued by the Govt. of Madhya Pradesh.

Ref.: Govt. of Madhya Pradesh Notification No. F-4-2/2008/1/55 dated 03.05.2008.

You have applied for Competitive Examination (DMAT-2008) for admission in MBBS/BDS Courses Academic Session 2008-09 in the member colleges of the Association. The reservation of seats is available as per the Rules of Govt. of Madhya Pradesh.

You are requested to fill up the attached Proforma wherein you have to opt for the category in which you want to appear in the DMAT – 2008 and return the same to this office by 10th June 2008.

Due to the above, the revised programme of DMAT – 2008 is as under:-

Last Date of receipt of filled up Application Forms	:	21/06/2008
Date of Examination	:	29/06/2008 (Sunday)
Time	:	09:00 am to 12noon
Despatch of Admit Card from	:	15/06/2008

Candidate will receive the Admit Card by UPC (Under Post Certificate). In case the candidate does not receive Admit Card by then he/she should download the copy of Admit Card from the official website **www.mpapdmc.com** using the six digit OMR Application Form number.

**Controller of Examination
DMAT – 2008
A.P.D.M.C, Bhopal**

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Proforma

Name of the Candidate: _____

OMR Application Form No.: _____

Examination Fee Deposited: DD No. _____ Date _____ Rs. _____

Center of Examination opted: _____

Category you belong to: SC ___ ST ___ OBC(Excluding creamy layer) ___ GENERAL ___
(Put \checkmark mark at the appropriate place)

Candidate belonging to SC/ST/OBC is required to attach.

* Photocopy of Proof of the category.

Date: _____

.....
Signature of Candidate

Address: _____

Declaration

I declare that the information given above by me is true and correct and I have not suppressed any fact. I further declare that I understood the condition that the category intimated above by me is final and cannot be changed under any circumstances.

Date: _____

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Signature of Candidate