

3 WORK EXPERIENCE

JOB TITLE	NAME OF ORGANIZATION	DATE (FROM)	DATE (TILL)

4 REFERENCES

REFEREE: 1

Referee's Name	<input type="text"/>
Designation	<input type="text"/>
Address	<input type="text"/>
E-mail Address	<input type="text"/>

5 CHECK LIST *1. All relevant documents must be attached by the candidate with his / her application form. 2. Applicants shall submit their original documents at the time of admission.*

GRADUATION DIPLOMA	<input type="checkbox"/>	CERTIFICATE OF WORK EXPERIENCE - CV	<input type="checkbox"/>
OTHER CERTIFICATES	<input type="checkbox"/>	6 PASSPORT SIZE PHOTOGRAPHS	<input type="checkbox"/>
MEDICAL/ DENTAL COUNCIL REGISTRATION CERTIFICATE	<input type="checkbox"/>	PASSPORT/ID COPY	<input type="checkbox"/>
DIPLOMA	<input type="checkbox"/>	LETTER OF PERMISSION FROM THE EMPLOYER (FOR EMPLOYEES)	<input type="checkbox"/>
MD / MS / MDS	<input type="checkbox"/>	REFERENCE LETTER FROM THE CONCERNED REFEREES	<input type="checkbox"/>
APPLICATION FEE (NON-REFUNDABLE)	<input type="checkbox"/>	REMARKS	<input type="text"/>

6 DECLARATION AND SIGNATURE

I, solemnly declare that:

- I understand that the University may vary or reverse any decision made on the basis of incorrect or incomplete information which I have provided.
- I understand that the University may obtain official records from any educational institution I have previously attended.
- I understand that the payment towards tuition fees as decided by the Board of Management shall be binding upon me. In case of default in making the payment on the due dates, the Board of Management has absolute discretion to terminate my studies.
- I understand that enquiries and communications shall be entertained only by the office through which admission was sought for by me.
- I understand that the admission fee made by me to UED is non refundable under any circumstances.
- I understand that obtained Certificate is accepted and recognized by the initial regulations of the degree providing University and further recognitions by the student home country or any other authorities are not UED or collaborative education body responsibility.
- I understand that the Board of Management of UED and collaborative body reserve the exclusive right to accept or reject my application at their discretion.

I, undertake:

- To satisfy the eligibility criteria stipulated by host University and UED;
- To read the relevant rules and regulations concerning admission and sign Student Agreement Form before signing this application;
- To abide by the statutes, regulations and rules etc. framed by the University or the Department / Institute / Centre / College from time to time and shall be liable to any penalty including rustication / expulsion, in case of violation on my part;
- To accept that all University rules and regulations in force at the time of joining and which might be framed subsequently shall be binding upon me as long as I am a student of the University;
- To pay in time all the dues and fine, if any;
- To intimate the new address to the Registrar if there is any change in my contact address / phone number / e-mail ID;
- To take examinations notified by the University / Department / Institute / Centre / College unconditionally as well as required additional studies/courses etc

Signature

Date