



Please attach
passport-sized
photograph here.

BACHELOR OF DENTAL SURGERY (BDS)

PART A : INTAKE APPLIED

Kindly tick the intake you wish to apply:

Duration:

Preferred Admission

5 years

April

September

PART B : PERSONAL DETAILS

Name : Mr/Mrs/Ms _____

Sex : Male Female

Date of Birth : ____ dd ____ mm ____ yy

Nationality : _____

Place Of Birth : _____

Race : Malay Chinese Indian Others (please specify) _____

IC No / Passport No : _____

Correspondence Address : _____

Home Tel : _____ Mobile No: _____

E-mail : _____

Parents/Guardian Information:

Name : Father/Mother/Guardian _____

Correspondence Address : _____

Home Tel : _____ Mobile No: _____

Office Tel : _____

Annual Income : _____ Occupation of Parents/Guardian: _____