

APPLICATION-CUM- ADMISSION FORM FOR COUNSELLING TO PG (MDS) COURSES IN H.P. GOVT. DENTAL COLLEGE & HOSPITAL SHIMLA, HIMACHAL DENTAL COLLEGE & HOSPITAL SUNDERNAGAR DISTT. MANDI/BHOJIA DENTAL COLLEGE & HOSPITAL BADDI AND HIMACHAL INSTITUTE OF DENTAL SCIENCES, PAONTA SAHIB, DISTT. SIRMOUR (ACADEMIC SESSION 2020-23)

ORDER OF THE SECUTINY COMMITTEE:

Discrepancy (ies) if any: (i) Eligible/Ineligible.....
(ii) Group for which found eligible.....
(iii) Category for which eligible.....

SIGNATURE OF SECUTINY COMMITTEE MEMBERS:

Affix recent Photo-graphs without cap/
Goggle duly signed
by the candidate
and attested by
Gazzeted Officer

SIGNATURE OF COUNSELLING COMMITTEE MEMBERS:

.....
.....
.....

TO BE FILED-IN BY THE CANDIDATE PERSONALLY IN OWN HANDWRITING

(Tick mark(s) not permissible)

1. Name of the Candidate (in Block letters).....
(Same as per matriculation Certificate)
2. Father's Name (in Block letters).....
3. Sex (Male /Female).....
4. Date of Birth
5. Appearing Category: (i) Direct..... (ii) In-Service.....
6. Category applied for (General/SC/ST/obc).....
7. Are you Bonafide Himachali /Domicile
8. Are you interested for admission under 50% State Quota Seats in private Dental Colleges (Yes/No)
9. Are you interested for admission under 50% Management Quota Seat [Yes/No]
10. Name of the Private Dental College(s) in which admission to be sought against 50% Management Quota
11. Are you child of H.P. Govt. employees/employees of Autonomous bodies wholly or partially financed by the H.P. Govt. ?
12. Have you passed BDS Degree from the institution recognized by DCI, name of institution
13. Have you passed BDS Degree by getting admission through CBSE or any other All India Entrance Examinations in Dental College which is recognized by DCI /GOI as per provision of the Prospectus for Counselling (Yes/No).....
(Please attach authentic documentary proof /certificate)
14. Have you ever left or leaving Degree Courses (MDS) in Midway (Yes/No).....
15. Whether the candidate is physically handicapped, (if yes %age of disability):
(i) 40% to 50%
(ii) 50% to 70%
16. Permanent State Dental Council/DCI Reg. No. (valid upto,2020).....
17. NEET Roll No.
18. Marks obtained in NEET-MDS-2020(Attach photo copy) Rank
19. Aadhaar No.(Attach photo copy) :.....
20. Qualification: BDS passed from recognized Dental College in Himachal Pradesh/ outside of state (Specify the name of College)
(i) Year of passing BDS Degree
(ii) Total marks obtained in 1st to Final year examinations
(iii) Maximum marks in BDS Degree
(iv) Attempts in Final Professional

21. Complete details of In-service (M.O. Dental) candidate in Himachal Pradesh :
- (i) Dated of joining Contract/ RKS basis
- (ii) Date of regular appointment
- (iii) Total period of service w.e.f.to.....
- (iv) Total period of service: Years..... Months..... Days.....

22. **Detail of area wise period of service in respect of In-service (M.O. Dental) candidates:**

	Name of remote/difficult/tribal/ rural/ backwards area served as per provision of the prospectus.	Period		Total Period
		From	To	
1				
2				
3				
4				
5				
6				

23. Current Postal Address.....
 Pin code..... Mobile No.
 E-mail Address.....
24. Permanent Address.....
 Pin code..... Mobile No.
25. Bank Draft No. _____ Date _____ Name of the Bank _____

DOCUMENT TO BE ATTACHED (ONLY TAGGED) WITH APPLICATION FORM

- Matriculation or its equivalent examination, certificate (for verification of date of birth).
 - Rank letter/Result of NEET-MDS-2020
 - 1st to Final Year Detail Marks certificate, proof of total marks.
 - Internship certificate duly signed by the Principal of the college concerned.
 - Attempts certificate duly signed by the Principal of the college concerned.
 - BDS Degree issued by concerned University.
 - State Dental Council/DCI Registration No. Certificate (Renewed upto for the year,2020).
 - Character Certificate from the College last attended
 - Recognition of BDS degree institute by DCI/GOI (if applicable).
 - Bonafied Himachali Certificate. (In case of Direct State Quota candidate) (Appendix-I)
 - SC/ST certificate, if applicable. (Appendix-2).
 - Affidavit (in original) duly attested, if applicable (appendix-3).
 - Service certificate and No objection certificate for In-Service (M.O. Dental) candidates showing full particulars of the his/her service (Appendix-4).
 - Disability Certificate, if applicable (Appendix-5).
 - Proof of admission through CBSE or any other All India Entrance Exams (if applicable).
 - Any other certificates, if applicable
- Note:**
- Please attach self attested copies of each certificate in support of claim made here in above. Original certificates will be checked at the time of counseling.
 - Incomplete form will lead to rejection.
 - Final eligibility of the candidate will be determined by the Counseling Committee after verification of original documents.

DECLARATION BY THE APPLICANT

I hereby declare that the entire particulars stated in this application form are true, complete & correct to the best of my knowledge and belief. I have read the provisions of the Prospectus-cum-Application form carefully and fulfill all the conditions of eligibility as claimed in the application-form. I undertake to abide by the rules & regulation given in the Prospectus-cum-Application form & decision of the Counseling committee. In the event of suppression or distortion of any fact or false information made in the application form and ineligibility is detected at any stage, my candidature/admission is liable for cancelation there and then on that account and I shall have no claim for admission or continuation of PG (MDS) course.

Place :

Date :

Signature of Candidate