

PACIFIC DENTAL COLLEGE AND HOSPITAL

Airport Road, Debari, Udaipur, Rajasthan-313024

BDS 2025-26

GUIDELINES FOR BDS ALLOTTEES

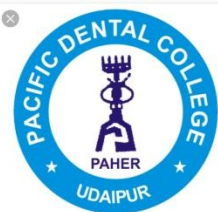
- Please follow the Reporting Schedule notified by Rajasthan State UG Counseling Board, Jaipur
- **Reporting venue:** Administrative Office, Ground Floor, Pacific Dental College And Hospital
(Google Map link: <https://maps.app.goo.gl/BdJfFPzEL6mGvu5S8>)
- **Reporting time:** 9:00 am to 5:00 pm on all days as specified by Rajasthan State UG Counseling Board, Jaipur
- Download, fill and submit the Document verification slip **(Page 1)**
- Submit all documents as mentioned under 'Documents to be submitted' **(Pages 2)**
- Payment of fee in full (RTGS/DD). Bank details are furnished **(Page 3)**

For queries, contact:

Phone: +91 9672917861 | +91 9116132834

Email: pacificdch@gmail.com

Kindly note that the reporting procedure will be as per the instructions from Counseling Board guidelines.



PACIFIC DENTAL COLLEGE AND HOSPITAL

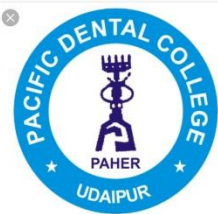
Airport Road, Debari, Udaipur, Rajasthan-313024

BDS 2025-26

DOCUMENT VERIFICATION SLIP

(To be filled by the candidate)

Name of the Candidate (As per Class 10 Marks Card)					
Name of the Candidate (In Hindi)					
Father's Name					
Mother's Name					
Date of Birth (DD/MM/YYYY)	/...../.....				
Contact Number of Candidate					
Email ID of Candidate					
Contact Number of Father					
Email ID of Father					
Contact Number of Mother					
Email ID of Mother					
NEET UG 2025 Roll No.					
NEET UG 2025 Score					
NEET UG 2025 All India Rank					
PCB% in Class 12					
English in Class 12					
Name of the School & Location (Class 12)					
Category	☐ UR ☐ SC ☐ ST ☐ OBC ☐ EWS ☐ SBC Others: _____				
Category of Admission (✓)		Govt.		Mgmt.	
Date of reporting to College					
Upgradation opted in the next round (✓)	Yes		No		NA



PACIFIC DENTAL COLLEGE AND HOSPITAL

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DOCUMENTS TO BE SUBMITTED BY THE CANDIDATE

NAME OF THE CANDIDATE:		
ORIGINAL + 3 SETS OF PHOTOCOPIES OF ALL CERTIFICATES TO BE SUBMITTED	SUBMITTED	
	YES	NO
Filled application for BDS (Pages 4-7)		
Filled Student Immunization and Medical Declaration/Physical Fitness form (Page 08)		
NEET UG 2025 Allotment letter		
NEET UG 2025 Admit card issued by NTA		
NEET UG 2025 Result/Rank Letter issued by NTA		
Class 10 Marks Card		
Class 12 Marks Card		
Transfer Certificate		
Conduct/Attempt Certificate		
Migration Certificate		
Caste Certificate issued by Competent Authority (if applicable)		
PH Certificate issued by the authorized Medical Boards (if applicable)		
Photographs: Recent colour photo with white background, of resolution 300-600 dpi & size 35 mm x 45 mm (PP size 5 Nos.) & size 20 mm x 25 mm (Stamp size 5 Nos.)		
PAN card copy of the parent		
Aadhaar card copy of the candidate		
Submission of Anti-Ragging Undertaking (Reference Number for office use only) (https://antiragging.in/affidavit_affiliated_form.php)		

FIRST YEAR FEE PAYMENT DETAILS			
DD No: _____ dated _____ Rs. _____ drawn on _____ Bank (OR) RTGS Transaction No: _____ dated _____			

Date: _____

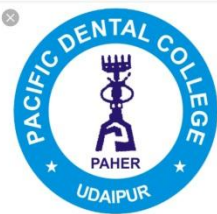
Name of the candidate: _____

Signature: _____

VERIFIED BY

Name of College Official: _____

Signature: _____



PACIFIC DENTAL COLLEGE AND HOSPITAL

Airport Road, Debari, Udaipur, Rajasthan-313024

Application for BDS 2025-26

Affix passport size
photo with white
background

Please complete all sections of the form.

NEET UG 2025 Roll No: _____ NEET UG 2025 Percentile: _____

NEET UG 2025 Score: _____ NEET UG 2025 AIR: _____

Category of Admission (✓):

☐

Govt.

☐

Management

I. PERSONAL INFORMATION

Name: (As per the Class X Certificate)

Gender(M/F/TG)

Date of Birth (dd/mm/yy)

Mother Tongue

Nationality

Country of Permanent Residence

State of Domicile

Do you belong to
SC/ST/OBC/Cat-1 (specify)

Any other caste (specify)

Religion

Father's name

Occupation

Annual income

Mother's name

Occupation

Annual income

Student Blood Group

III. ACADEMIC PERFORMANCE (Class 12)

Current address for correspondence

Pin code: _____

District: _____

State: _____

Country: _____

Telephone (with code): _____

Father's Mobile No.: _____

Student's Mobile No.: _____

Local Guardian's Name _____

Father's Email ID: _____

Student's Email ID: **(IN CAPS)** _____

Note: Kindly provide local (Indian) mobile number of parents for sending WhatsApp SMS on Attendance details of the students through our software

Father's PAN: _____ Mother's PAN: _____

Student's Aadhaar: _____

Place of residence - Urban /Rural: _____

Permanent address

Pin code: _____

District: _____

State: _____

Country: _____

Telephone (with code): _____

Mother's Mobile No.: _____

Local Guardian's Mobile No.: _____

Local Guardian's Relation _____

Mother's Email ID: _____

Photo of your
father

Photo of your
Mother

Photo of your
Local
Guardian's (I)

Photo of your
Local Local
Guardian's (II)

III. ACADEMIC PERFORMANCE (Class 12)

Name of the School & Location: _____	Overall Marks		%
_____	Maximum	Obtained	
Name of the Board: _____			
Registration No.: _____			

MARKS OBTAINED IN THE QUALIFYING EXAMINATION (Class 12)

Optional Subjects	Maximum Marks	Marks Obtained	Percentage
Physics			
Chemistry			
Biology			
Total			
English			

IV. DECLARATION BY THE STUDENT

I declare that the information provided by me in this application is true and correct to the best of my knowledge. Should it be found that the information furnished is untrue in material particulars, I know that I am liable for criminal prosecution and will forego the allotted seat. In all matters regarding my admission to the program, the decision of the college is final & binding. I am aware that the post-dated cheques submitted by me to the institution during my admission will be presented to the bank by the institution on the dates specified on my cheques and I, hereby undertake to maintain sufficient balance in the account during the said period, failing which I am aware that I am liable for legal action against me by the institution. I am also aware that the college will not refund the fee either in full or in part, under any circumstances after joining the program. If I intend to discontinue the program at any time after joining, I hereby undertake to pay the college fees & dues as applicable for the remaining years of the program. I agree to abide by the rules & regulations of the college that may be framed from time to time. I am aware that any dispute arising out of the admission to the program will be subject to the jurisdiction of the courts of the city of Udaipur or the Honourable High Court of Rajasthan.

Place: _____

Date: _____

Signature of the Student

V. DECLARATION BY THE PARENT / GUARDIAN

(to be signed by the guardian only if both parents of the applicant are not alive)

I _____ hereby affirm that the information provided and enclosures submitted thereto in this application of my son / daughter / ward _____ for admission to the BDS program is true and correct to the best of my knowledge. Should it be found that the information furnished is untrue in material particulars, I know that he/she is liable for criminal prosecution and he/she will forego the allotted seat. I am aware that in all matters regarding his/her admission to the program, the decision of the college is final and binding. I am aware that the post-dated cheques submitted to the institution during admission, will be presented to the bank on the dates specified on the cheques and I hereby undertake to maintain sufficient balance in the said account during the said period, failing which I am aware that I am liable for legal action against me by the institution. I am also aware that the college will not refund the fee either in full or in part, under any circumstance after joining the program. If my son / daughter / ward intends to discontinue the program at any time after joining, I hereby undertake to pay the college fees & dues as applicable for the remaining years of the program. I am aware that any dispute arising out of the admission to the program will be subject to the jurisdiction of the courts of the city of Udaipur or the Honourable High Court of Rajasthan.

Place: _____

Date: _____

Signature of the Parent / Guardian
(If guardian, mention relationship)

MEDICAL FITNESS CERTIFICATE

(To be signed by a Registered Medical Practitioner holding a degree not below that of MBBS)

(TO BE SUBMITTED AT THE TIME OF ADMISSION)

I hereby certify that I have carefully examined Mr./Ms. _____ aged

_____ years, son/daughter of Mr./Ms. _____

whose signature is given below. Based on the examination, I certify that he/she is in good mental & physical health and is free from any physical defects which may interfere with his/her studies including the active outdoor duties required for a professional.

HEPATITIS B (Vaccination Status) Vaccinated - Yes/No. _____ (If yes, furnish below details)

1st Dose Date: _____ 2nd Dose Date: _____ 3rd Dose Date: _____

Marks of Identification: _____

Blood Group: _____

Name & Signature of the Candidate

**Name & Signature of the Medical Officer
with seal and Registration Number**

Place: _____

Date: _____

*Strike whichever is not applicable



Pacific Dental College & Hospital, Debari, Udaipur

Undertaking by the BDS Student

Date:

Student Roll No:

Student Name:

Year:

Batch: 2025-26

I, _____ (full name of student with enrolment number) hereby provide assurance that I shall adhere to the university norms regarding attendance, maintaining a minimum of 80% attendance in all courses, including theory, lab, and Practical/Clinical postings in the during BDS course. I comprehend that in case I fail to fulfil the norms stated above, I will be totally responsible for any loss resulting due to my non-compliance/disqualified from university examination.

Declared this on: _____ (DD/MM/YYYY)

Student Mobile no. :

Sign of student

Name: _____

Student personal email id:

Mobile no. of Father/Mother:

Sign of Father/Mother

Personal email id of Father/Mother:

Name: _____

UNDERTAKING

I, Mr./Ms. _____ (Name of the candidate), aged about _____ years, S/D/o _____ (Name of the parent), resident of _____ (Permanent/Present address of parent) do hereby swear an oath as follows:

I have been selected to the 1st year Bachelor of Dental Surgery (BDS) program at Pacific Dental College and Hospital, Airport Road, Debari, Udaipur, Rajasthan-313024 a constituent college of Pacific Academy of Higher Education and Research University (Private University) through the Common Counseling conducted by the Rajasthan State Counseling Board, Government of Rajasthan, through NEET UG 2025 with the All India Rank No. _____ during the academic year 2025-26.

I, say that on my own will and along with my parent/guardian took admission to the BDS program at Pacific Dental College and Hospital, Airport Road, Debari, Udaipur, Rajasthan-313024, as per the Raj NEET UG Counseling Board Admission Order dated _____ with NEET UG 2025 Roll No. _____

I, say in consideration of admission to 1st year BDS program I shall complete the 5 years program and accordingly undertake to pay all the tuition and other fees as prescribed by Pacific Dental College and Hospital, Airport Road, Debari, Udaipur, Rajasthan-313024 a constituent college of Pacific Academy of Higher Education and Research University (Private University).

I, hereby submit the undertaking that I am liable to pay the college/tuition fees and dues for the remaining duration of my program. **In the event of my discontinuation of BDS program due to any reason, I along with my parent/guardian hereby undertake to pay the balance tuition fee Pacific Dental College and Hospital, Airport Road, Debari, Udaipur, Rajasthan-313024 a constituent college of Pacific Academy of Higher Education and Research University (Private University) payable for the entire program, without any demur.** I am aware of the fact that as per the Government Orders, Bank Guarantee should be submitted by me to the Institution for the payment of annual tuition fees towards the remaining period of my program.

I, opt to submit the Post-Dated Cheques to the Institution instead of the Bank Guarantee. I am aware that the Post-Dated Cheques submitted by me to the Institution during my admission will be presented to the bank by the Institution on the date specified on my cheques and I hereby undertake to maintain sufficient balance in the account during the said period, failing which I am aware of the fact that I am liable for legal action against me by the Institution.

I/We assure that what is stated above is true and correct. I along with my parent/guardian do hereby undertake to act accordingly.

This, the _____ day of _____ 2025 at _____ (Place).

Signature of the Candidate

Signature of the Parent/Guardian

Name: _____

Name: _____

NEET UG 2025 All India Rank: _____