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	

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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: _____

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: _____

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: _____

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: _____

_____

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

Date: _____

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 _____

Student personal email id:

Name:_____

_____

Mobile no. of Father/Mother:

_____

Sign of Father/Mother

Personal email id of Father/Mother:

Name:_____ _____

Format of Notarized Undertaking to be submitted, on stamp paper of Rs. 100/-

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: _____