

PACIFIC DENTAL COLLEGE AND HOSPITAL

Airport Road, Debari, Udaipur, Rajasthan-313024

MDS 20__-20__

GUIDELINES FOR MDS ALLOTTEES

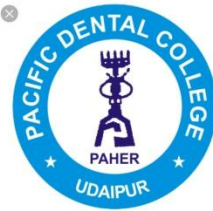
- Please follow the Reporting Schedule notified by Rajasthan State PG Counseling Board, Jaipur
- **Reporting venue:** Administrative Office, Ground Floor, Pacific Dental College And Hospital
(Google Map link: <https://maps.app.goo.gl/BdJfFPzEL6mGvu5S8>)
- **Reporting time:** 9:00 am to 5:00 pm on all days as specified by Rajasthan State PG 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 9116132834 | +91 9672917861

Email: pacificdch@gmail.com

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

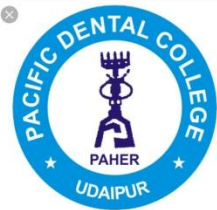


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Airport Road, Debari, Udaipur, Rajasthan-313024

MDS 20__-20__ DOCUMENT VERIFICATION SLIP (To be filled by the candidate)

Name of the Candidate (As per Class 10 Marks Card)	
Name of the Candidate (As per BDS Marks Card)	
Name of the Candidate (In Hindi) (As per Class 10 Marks Card)	
Father's Name	
Mother's Name	
Contact Number of Candidate	
Email ID of Candidate	
Date of Birth (DD/MM/YYYY)/...../.....
Gender (M/F/TG):	
Nationality:	
Religion:	
State of Domicile:	
NEET MDS Roll No:	
NEET MDS Score:	
Category	<input type="checkbox"/> UR <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> EWS <input type="checkbox"/> SBC Others: _____
Category of Admission (✓)	<input type="checkbox"/> Govt. <input type="checkbox"/> Mgmt.
Date of reporting to College	
Upgradation opted in the next round (✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA



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MDS 20__-20__

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 MDS (Pages 4-6)		
Filled Student Immunization and Medical Declaration/Physical Fitness form (Page 08)		
Admit card issued by NBE		
Result/rank letter issued by NBE		
NEET-MDS allotment letter & Score card		
Class 10 Marks Card or birth certificate		
Class 12 Marks Card		
BDS Degree marks cards of all years		
Internship completion certificate		
Provisional/BDS Degree certificate		
Dental Council Registration certificate		
Transfer certificate		
Conduct/Attempt certificate		
Migration certificate		
Aadhaar card copy of the student		
PAN card copy		
Physical fitness & Blood group 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.)		
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: _____

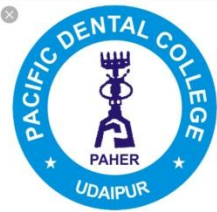
VERIFIED BY

Name of College Official: _____

Signature: _____

Branch Allotted For (*Please ✓ the appropriate option*)

- Prosthodontics and Crown & Bridge**
- Periodontology**
- Oral and Maxillofacial Surgery**
- Conservative Dentistry and Endodontics**
- Orthodontics and Dentofacial Orthopedics**
- Oral Pathology and Microbiology**
- Public Health Dentistry**
- Pedodontics and Preventive Dentistry**
- Oral Medicine and Radiology**



PACIFIC DENTAL COLLEGE AND HOSPITAL

Airport Road, Debari, Udaipur, Rajasthan-313024

Application for MDS 20__-20__

Affix passport size photo with white background

Please complete all sections of the form.

NEET MDS Roll No: _____ NEET MDS Percentile: _____

NEET MDS Score: _____ NEET MDS AIR: _____

Category of Admission (✓): Govt.

Management

I. PERSONAL INFORMATION

Name: (As per the Class X Certificate)

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--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

II. CONTACT DETAILS

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: _____ PAN : _____

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 (BDS)

Examination	Board/University	Year of Passing	Percentage/Grade	Attempt(s)
BDS 1 st year				
BDS 2 nd year				
BDS 3 rd year				
BDS final year				
10+2				
10th				

INTERNSHIP DETAILS

- **Internship Start Date:**
- **Internship Completion Date:**
- **Name of the College:**

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 MDS 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

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 Master of Dental Surgery (MDS) 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 MDS 20____ with the All India Rank No. _____ during the academic year 20____-20____.

I, say that on my own will and along with my parent/guardian took admission to the MDS program at Pacific Dental College and Hospital, Airport Road, Debari, Udaipur, Rajasthan-313024, as per the Raj NEET PG Counseling Board Admission Order dated _____ with NEET MDS 20____ Roll No. _____

I, say in consideration of admission to 1st year MDS program I shall complete the 3 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 MDS 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 _____ 20____ at _____ (Place).

Signature of the Candidate

Signature of the Parent/Guardian

Name: _____

Name: _____

NEET PG 20____ All India Rank: _____

ANNEXURE / परिशिष्ट

FORM TO BE SIGNED BY THE STUDENT AND THE PARENT/GUARDIAN AT THE TIME OF ADMISSION

प्रवेश के समय छात्र एवं अभिभावक/संरक्षक द्वारा भरा जाने वाला प्रपत्र

(To be signed by Guardian only if both parents are not alive)

(दोनों माता-पिता के जीवित न होने की स्थिति में केवल संरक्षक द्वारा हस्ताक्षर किए जाएं)

STUDENT DECLARATION / छात्र घोषणा

I / मैं (Name / नाम) S/o / D/o / Ward of / पुत्र/पुत्री/संरक्षित of
Mr./Mrs./Ms. / श्री/श्रीमती/सुश्री (Name / नाम) Admitted to / प्रवेशित
in (Course & Year / पाठ्यक्रम एवं वर्ष) at (Institution / संस्थान)
during the year / वर्ष Hereby agree to the following terms / निम्नलिखित शर्तों से सहमत हूँ:

1. I am aware that possession, use, sale and distribution of mood-altering substances is wrong and harmful.
मैं यह स्वीकार करता/करती हूँ कि मादक/मनोप्रभावी पदार्थों का उपयोग, कब्जा, विक्रय एवं वितरण गलत एवं हानिकारक है।
2. I shall refrain from using, possessing, distributing or being involved in such substances.
मैं ऐसे किसी भी पदार्थ के उपयोग, रखने, वितरित करने या किसी भी प्रकार से शामिल नहीं होऊँगा/होऊँगी।
3. I shall report any suspicious behaviour related to substance abuse to the institution authorities.
मैं मादक पदार्थों से संबंधित किसी भी संदिग्ध गतिविधि की सूचना संस्थान के अधिकारियों को दूँगा/दूँगी।
4. I shall actively participate in drug prevention and awareness programmes.
मैं नशा-निवारण एवं जागरूकता कार्यक्रमों में सक्रिय रूप से भाग लूँगा/लूँगी।
5. I shall cooperate in any investigation related to substance abuse.
मैं किसी भी मादक पदार्थ से संबंधित जांच में पूर्ण सहयोग करूँगा/करूँगी।
6. I have no objection to random checking of my hostel/residence room and belongings.
मुझे मेरे छात्रावास/निवास कक्ष एवं सामान की आकस्मिक तलाशी पर कोई आपत्ति नहीं है।
7. I give consent for urine screening or any medical test if required.
आवश्यकता होने पर मैं मूत्र परीक्षण अथवा अन्य चिकित्सा परीक्षण हेतु अपनी सहमति प्रदान करता/करती हूँ।

Date / दिनांक: _____

Signature / हस्ताक्षर: _____

Name of Student / छात्र का नाम: _____

Signature of Parent/Guardian / अभिभावक/संरक्षक हस्ताक्षर: _____

Name of Parent/Guardian / अभिभावक/संरक्षक का नाम: _____

Mobile No. / मोबाइल नंबर: _____

Email ID / ईमेल आईडी: _____

PARENT / GUARDIAN DECLARATION / अभिभावक/संरक्षक घोषणा

(To be signed by Guardian if both parents are not alive)

(दोनों माता-पिता के जीवित न होने की स्थिति में केवल संरक्षक द्वारा हस्ताक्षर किए जाएं)

I, Mr./Mrs./Ms. / मैं श्री/श्रीमती/सुश्री (Name / नाम)
Father/Mother/Guardian of / पिता/माता/संरक्षक of (Name of Student /
छात्र का नाम) Admitted to / प्रवेशित in (Course & Year / पाठ्यक्रम एवं वर्ष)
at (Institution / संस्थान) during the year / वर्ष Hereby agree to the
following / निम्नलिखित से सहमत हूँ:

1. I accept full responsibility for my ward.
मैं अपने पुत्र/पुत्री/संरक्षित के प्रति पूर्ण जिम्मेदारी स्वीकार करता/करती हूँ।
2. I shall ensure that he/she refrains from substance use.
मैं सुनिश्चित करूँगा/करूँगी कि वह किसी भी प्रकार के मादक पदार्थों के उपयोग से दूर रहे।
3. I shall arrange counseling/medical help if required.
आवश्यकता होने पर मैं परामर्श (काउंसलिंग) या चिकित्सा सहायता उपलब्ध कराऊँगा/कराऊँगी।
4. I shall cooperate with authorities in any investigation.
मैं किसी भी जांच में संस्थान के अधिकारियों का पूर्ण सहयोग करूँगा/करूँगी।
5. I shall report any suspicious behaviour.
यदि कोई संदिग्ध व्यवहार दिखाई देता है, तो मैं इसकी सूचना संस्थान को दूँगा/दूँगी।
6. I shall support participation in awareness programmes.
मैं जागरूकता कार्यक्रमों में भागीदारी को प्रोत्साहित करूँगा/करूँगी।
7. I have no objection to random checking of hostel/residence belongings.
मुझे छात्रावास/निवास कक्ष एवं सामान की आकस्मिक तलाशी पर कोई आपत्ति नहीं है।
8. I shall accept disciplinary decisions of the institution.
मैं संस्थान द्वारा लिए गए अनुशासनात्मक निर्णयों को स्वीकार करूँगा/करूँगी।
9. I give consent for medical/urine screening if required.
आवश्यकता होने पर मैं चिकित्सा/मूत्र परीक्षण हेतु सहमति देता/देती हूँ।

Date / दिनांक: _____

Signature of Parent/Guardian / हस्ताक्षर: _____

Name / नाम: _____

Mobile No. / मोबाइल नंबर: _____

Email ID / ईमेल आईडी: _____