



**SRI
RAJIV GANDHI**
COLLEGE OF DENTAL SCIENCES & HOSPITAL

Recognised by Dental Council of India, New Delhi
Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka
RGC Campus, Cholanagar, RT Nagar Post, Bangalore-560 032, Karnataka -INDIA

Tel: +91 80 23339377, 23435559, 23335989 Web: www.srgcds.ac.in
Fax: +91 80 23546948 Email: admissions@srgcds.ac.in

Affix Recent
Passport size
PHOTO

APPLICATION FOR ADMISSION TO THE FIRST YEAR MDS COURSE DURING 2016-17

Tick the appropriate MDS Course:

Oral Medicine & Radiology		Prosthodontics, Crown & Bridge		Orthodontics		Pedodontics	
Oral & Maxillofacial Surgery		Conservative Dentistry		Oral Pathology		Periodontics	

Fill up the Name in Block Letters

Name of the Candidate:				
Postal Address:		Nationality:		
.....		Religion:		
.....		Caste:		
.....		Gender: Male / Female		
.....				
Telephone:		Date of Birth:		
Email ID:		Age as on 31/12/ 2016:		
Father Name:				
Occupation:		Annual Income:		
Mother Name:		Local Address if any:		
Guardian Name:			
Blood Group:			
Mobile No:		Telephone:		
Category: (Tick the appropriate)	NRI Quota	General Merit	Reservation Quota	
Entrance Test:	Merit Rank:	% in the Entrance Test:		
Register No. of BDS Exam:		Month & Year of Pass:		
Name of the University:				
Class	Year	Max. Marks	Marks Obtained	Percentage of Marks
I BDS				
II BDS				
III BDS				
IV BDS				

Date of Internship completed or schedule to complete:	
Whether the Candidate belongs to Scheduled Caste or Scheduled Tribe (If so, attach the relevant certificate issued by the competent authority of the State)	Yes / No
Whether the Candidate belongs to any special category of reservation (If so, attach the relevant certificate issued by the competent authority of the State)	Yes / No
Whether the Candidate or the parent belongs to NRI / Foreign Country	Yes / No
Whether the following documents enclosed:	
Attested copy of all the BDS Examination Marks Sheet	Yes / No
Attested copy of the 10 th Standard examination Marks Sheet	Yes / No
Attested copy of the PG CET/COMEDK Entrance Test Admission Card	Yes / No
Attested copy of the PG CET/COMEDK Entrance Test Rank Card	Yes / No
Attested copy of any other relevant certificate from the State	Yes / No
Attested copy of the Age and Date of Birth Proof certificate	Yes / No
Attested copy of the Domicile certificate from the competent authority	Yes / No

NOTES TO THE CANDIDATE

1. A candidate for admission to the MDS course (Master of Dental Surgery) must have a recognized degree of BDS (Bachelor of Dental Surgery) awarded by an Indian University in respect of recognized Dental College under Section 10(2) of the Dentists Act, 1948 or an equivalent qualification recognized by the Dental Council of India and should have obtained permanent registration with the State Dental Council. Candidates not possessing a recognized Dental qualification for the above purpose should secure the prior approval of his qualifications by the Dental Council of India before he can be admitted to the MDS Course of any University in India.

Provided that in the case of a foreign national, the Dental Council of India may, on payment of the prescribed fee for registration, grant temporary registration for the duration of the postgraduate training restricted to the dental college/institution to which he is admitted for the time being exclusively for postgraduate studies;

Provided that further temporary registration to such foreign national shall be subject to the condition that such person is duly registered as dental practitioner in his own country from which he has obtained his basic dental qualification and that his degree is recognized by the corresponding dental council or concerned authority and concerned university and Ministry of External/Home Affairs have no objection for granting admission in India.

2. Foreign national candidate shall obtain prior approval and temporary registration from Dental Council of India, eligibility certificate from the university, NOC from Govt. of India and Valid Student Visa for the stay during the course period.
3. The attested copy of all the relevant documents shall be submitted by the candidate. The selected candidate shall produce all the original documents at the time of admission. The last date for admission shall be as notified by the Dental Council of India and the university.
4. All the prescribed fees of the college shall be paid by the candidate at the time of admission. The Fee paid will not be refunded after the admission process is completed. Student discontinuing the course or cancelling the admission after the last date shall be liable to pay the entire course fee.

Declaration

I hereby declare that all the information mentioned above are true and correct. I will abide by all the rules and regulation of the College, University and Dental Council of India.

Signature of the Candidate

I Parent of the candidate hereby acknowledge that all the information mentioned by the applicant are true and correct and I fully accept the declaration made by the applicant.

Date:

Signature of the Parent/Guardian

Place:

OFFICE NOTE

Selected / Rejected

Date of Admission:

Fees & Payment Details:

Signature of the Principal