



Bapuji Educational Association
BAPUJI DENTAL COLLEGE & HOSPITAL

(Recognized by the Dental Council of India, New Delhi)

DAVANGERE – 577 004 (Karnataka)

APPLICATION FOR ADMISSION TO M.D.S. COURSE
FOR THE ACADEMIC YEAR 2010-2011



Passport
Size Photo

To,
 The Chairman, Governing Body,
 Bapuji Dental College & Hospital,
 Davangere – 577 004.

Sir,
 I hereby apply for admission to the M.D.S. Course at Bapuji Dental College & Hospital, Davangere and request enrolment as a post-graduate student in Dental Sciences in your College.
 (The following are the subjects in which M.D.S. Course are offered)

- | | | |
|---------------------------------|---------------------------------------|------------------------|
| 1. Oral & Maxillofacial Surgery | 4. Orthodontics | 7. Prosthodontics |
| 2. Oral Medicine & Radiology | 5. Pedodontics & Preventive Dentistry | 8. Oral Pathology |
| 3. Periodontics | 6. Conservative Dentistry | 9. Community Dentistry |

Estd. 1979.

1.	Name of the Applicant As per Final BDS Markscard (In Block letters)	<input type="text"/>
2. a.	Father's Name	<input type="text"/>
b.	Mother's Name	<input type="text"/>
3.	Address for Correspondence (in Block Letters)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Phone No. with STD CODE:	Mb.No: <input type="text"/>
4.	Subject Applied for (Specify the subject in order of preference)	1) <input type="text"/> 2) <input type="text"/> 3) <input type="text"/>
5.	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SEX : <input type="text"/> <input type="text"/>
6.	Place of Birth, Town & State	<input type="text"/>
7.	Year of Joining B.D.S.	<input type="text"/>
8.	a. Year of Completion of Final Year BDS	<input type="text"/>
	b. Date of completion of One Year Internship	<input type="text"/>
9.	Name of the College, Place & University	<input type="text"/>
10.	Whether the College is recognized by D.C.I.	Yes / No. (Enclose Certificate / Letter)

11.	Number of Years taken to Complete the Course	
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12. Details of Academic Career

A) Examination passed	Registration No.	No. of Attempts	Maximum Marks	Marks Obtained	Years of Passing	Percentage of Marks
First Year B.D.S						
Second Year B.D.S.						
Third Year B.D.S.						
Final Year B.D.S. (Part I)						
Final Year B.D.S. (Part II)						

B) FINAL YEAR

	Subjects Studied	Max. Marks	Marks Obtained	Percentage of Marks
i)				
ii)				
iii)				
iv)				
v)				
vi)				
vii)				
viii)				

RANK : **COMED-K :** **PGET:**
SCORE: **COMED-K :** **PGET:** **/180** **/200**

INSTRUCTIONS TO APPLICANTS

- Candidates should have completed or completing rotatory internship on or before 30th April 2010.
- Applicants have to produce eligibility certificate at the time of admission.** However, they have to apply before closing date to the **Registrar, Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore 560 041 (Ph.No.080-26558181 / 26558282 website: www.rguhs.ac.in)** along -with prescribed fees by demand draft drawn in favour of **Registrar, Rajiv Gandhi University of Health Sciences, Payable at Bangalore** and enclose the Xerox copy of the application and demand draft as proof for having applied for issue of Eligibility Certificate.(This is not applicable for Rajiv Gandhi University of Health Sciences Students).
- All the correspondence pertaining to the college, should be addressed to the **Principal, Bapuji Dental College & Hospital, Davangere-577 004. Karnataka.**
- Using of Cell Phone in the college premises is prohibited.
- Under any circumstances students who lodge a complaint in Police Station or received notices from police station, a copy of the same should be given to the office of the Principal without fail.

DECLARATION BY THE CANDIDATE

I hereby declare that the information given above is true and correct and I further declare that I shall abide by the rules and regulations of the College, Hostel and the University.

Signature of Parent / Guardian

Date:.....

Signature of the Candidate

Date:.....

BAPUJI DENTAL COLLEGE & HOSPITAL
DAVANGERE-577 004
MDS APPLICATION FOR ACADEMIC YEAR 2010-2011

Student General Information

1	Student Name in block letters Cell No:	
2	Course / Dept. Selected	
3	Seat Category	MGT/COMEDK/GOVT/FREE/PKA/PNK
4	Blood Group	
5	Father's Name Cell No: E-mail:	
6	Occupation of Father & Address	
7	Mother's Name Cell No E-mail:	
8	Occupation of Mother & Address	
9	Guardian's Name Cell No E-mail:	
10	Occupation of Guardian & Address	
11	Annual Income of Parents	Rs.
12	Religion & Caste	
13	Caste Category	GM/GMR/1G/1R/2AG/2AR/2BG/2BR
14	Area	Urban /Rural
15	State	

16	Nationality	
17	Pass Port details	No: Valid up to
18	Visa	No: Valid up to
19	Any Emergency whom to contact Address with Telephone/ Cell No:	

ADDRESS DETAILS

Permanent Address		Communication Address	
Door No:		Door No:	
Street		Street	
City		City	
Zip Code		Zip Code	
Phone No:		Phone No:	

COMEDK/RGUHS- PGET DETAILS

1	Comedk / PGET Register Number	
2	Allotment Date	
3	Comedk / PGET Rank	
4	Reserved Category	
5	Comedk / PGET Allotment NO.	

MARKS DETAILS

Final Year (Both Part I & Part II)

Max. Marks:

Marks Obtained:

Percentage:

Signature of the candidate

BAPUJI DENTAL COLLEGE & HOSPITAL
DAVANGERE-577 004
MDS APPLICATION FOR ACADEMIC YEAR 2010-2011

DECLARATION BY THE CANDIDATE:

1. I may kindly be provisionally admitted to M.D.S.course for the year 2010-2011 subject to the approval of admission from the Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore at my own risk
2. I hereby agree to pay the Annual Fees as per notified circular dt: 19-01-07 every year irrespective of my pass or fail or under any circumstances within the last working day of May every year. In case, if I fail to do so, my name may be deleted from the Attendance Register without further notice.
3. I hereby agree, if admitted, to confirm to the rules and regulations at present in force or that may hereafter be made by the management for admission of the college. I undertake that I will do nothing either inside or outside the institute that will interfere with its orderly management and discipline as long as I am a student of the institution. I further agree to make good when called upon to do so any damage to furniture Electrical fittings and other articles which may be caused by carelessness, negligence or wantonness on my part.
4. I will not indulge in any kind of ragging or teasing of students as per Hon'ble Supreme Court Orders and DCI Notification Dt: 31st July'2009 / University Circular No: AUTH/927/2009-2010 Dt: 1st Aug'09, If I am ragged by any student, matter will be reported to the authorities immediately. Further we have read all the consequences as per above Supreme Court Order/ DCI Notification/ University Circular which are available in the office. The required undertaking duly filled and signed by me and my parents will be submitted at the time of admission along with Fees. **Further, I will also promise to submit the required undertaking every year along with fees without fail.**
5. I hereby undertake that I will not participate in any illegal affairs including ragging and agree to maintain the dignity and decorum of the institution.
6. As per the university regulations M.D.S. students appearing for University Examinations should have 80% attendance in both theory and practicals. **UNDER NO CIRCUMSTANCES ATTENDANCE WILL BE CONDONED.** Hence I will attend the classes regularly.
7. I am using 2 wheeler / 4 wheeler vehicle bearing Registration No:_____ & permission to park the vehicle in the college premises during class/ Library hours – Xerox copy of the RC Book etc., will be filed within one week/ Enclosed.
8. I hereby agree to furnish the change of Address / Telephone Nos / Cell Nos as and when it is available.
9. I hereby promise to pay the full course fees (Total 3 Years) if I discontinued in the middle under any circumstances.
10. I hereby declare that the information given above is true and correct. I further declare that I shall abide by the rules and regulations of the college and the university.

SIGNATURE OF THE PARENT/ GUARDIAN

()

Date:

SIGNATURE OF CANDIDATE

()

Date:

Copy received

Signature of the candidate

(FOR MDS)

BAPUJI DENTAL COLLEGE & HOSPITAL, DAVANGERE

I hereby agree to produce the following documents at the time of admission.

Original Marks Cards/ Certificates

1. S.S.L.C.(10th std) Certificate
2. Transfer certificate from the college where the B.D.S. Course completed
3. First to Final Year B.D.S. Marks cards
4. Provisional pass certificate from the college & University
5. Compulsory Internship Completion Certificate for period of one year
6. Registration Certificate from State Dental Council of India
7. Degree certificate issued by the concerned university
8. Migration Certificate from the University where BDS Course completed
9. Original COMEDK / PGET RANK CARD
10. Eligibility Certificate from Rajiv Gandhi University of Health Sciences, Karnataka
11. Physical Fitness certificate with marks of identification
12. 4 Nos. Passport size and 2 Nos. stamp size colour photographs of student
13. Passport size colour photographs of Father and Mother (one each).
14. Attempt Certificate from the college
15. NOC- from Ministry of Health & Family Welfare, Dept. of Health, Delhi (Incase of foreign Nationals)
16. Passport & Visa copies in case of foreign students
17. Scheduled Caste/ Scheduled Tribe students should produce the Caste and Income Certificate issued by the Tahasildar for current academic year at the time of admission.
- 18.OBC students should produce the concerned Certificate and Income Certificate from Tahasildar for current academic year at the time of admission.

Signature of the candidate

Note: You have to submit one set xerox copies of the above documents along with application (Except Sl.No:10) and 3 sets at the time of admission.

Copy Received

Signature of the candidate

CIRCULAR

In modification of earlier Circulars No.BDC/2006-07 dt:1-4-06, in respect of payment of fees, students of both M.D.S. & B.D.S. are hereby directed to pay the college fees before May and June respectively every year irrespective of pass or fail under any circumstances. In case of Non-payment of fees with in the prescribed date, fine will be collected as follows:- (w.e.f. 2007-08 admission onwards till further orders).

FOR MDS STUDENTS:-

- | | |
|---|---|
| a) Rs.2000/- per month (irrespective of any category) | Till 2 months i.e., June and July |
| b) --do-- | --do-- |
| | With a permission of Principal
1 month i.e., till August |

FOR B.D.S. STUDENTS:-

- | | |
|--|--|
| a) Rs.1000/-per month (irrespective of any category) | Till 2 months i.e. July and August |
| b) --do-- | --do-- |
| | With a permission of Principal
1 month i.e., till September |

However, students have to pay the college annual fees along with the examination fees. Students who do not pay the fees even after August (for MDS Students) and September (for BDS students), their names will be removed from the attendance Register and intimated to all the concerned Departments, Library, and Hostel. No individual information will be sent to students / Parents.

Further, Re-admission will be made after payment of all the dues of College and Hostel including fine as on the date of Re-admission and the fee for the same is Rs.1, 000/-

PRINCIPAL

NOTE : FEES AMOUNT SHOULD BE PAID THROUGH DEMAND DRAFT ONLY DRAWN IN THE NAME OF COLLEGE I.E., BAPUJI DENTAL COLLEGE & HOSPITAL PAYABLE AT DAVANGERE AND SEND IT TO THE PRINCIPAL, BAPUJI DENTAL COLLEGE & HOSPITAL, DAVANGERE-577 004 BY REGD POST/ SPEED POST/ COURRIER TO REACH THE COLLEGE WITHIN THE PRESCRIBED DATA.

To,
College Notice Board,
Hostel Notice Board, (Boys & Girls) & Library Notice Board.

We have read the above circular and agreed to pay the college and hostel fees in time.

Signature of Parent / Guardian

Signature of the Candidate

Copy received

Signature of the candidate

- Copy to: 1. The cashier with information that list of students who have not paid the fees even after August (for MDS students) and September (for BDS students) may be submitted to the Principal for further action.
2. Accountant for information

**ANNEXURE-I, PART-I
UNDERTAKING BY THE CANDIDATE/STUDENT**

1. I, _____

S/o., D/o., of Mr./Mrs./Ms. _____

have carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central/State Government in this regard.

2. I have received a copy of the DCI Regulations on Curbing the Menace of Ragging in Dental Colleges, 2009 and have carefully gone through it.

3. I hereby undertake that

- I will not indulge in any behaviour or act that may come under the definition of ragging.
- I will not participate in or abet or propagate ragging in any form.
- I will not hurt anyone physically or psychologically or cause any other harm.

4. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the DCI Regulations mentioned above and/or as per the law in force.

5. I hereby affirm that I have not been expelled or debarred from admission by any institution.

Signed this _____ Day of _____ Month of _____ Year

Name:

Address:

Signature

**ANNEXURE-I, PART-II
UNDERTAKING BY PARENT/GUARDIAN**

1. I, _____

F/o., M/o., G/o., _____ have carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central/State Government in this regard as well as the DCI Regulations on Curbing the Menace of Ragging in Dental Colleges, 2009.

2. I assure you that my son/daughter/ward will not indulge in any act of ragging.

3. I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the DCI Regulations mentioned above and/or as per the law in force.

Signed this _____ Day of _____ Month of _____ Year

Name:

Address:

Signature

Copy received

Signature of the Candidate

