



INDIRA GANDHI GOVT. DENTAL COLLEGE, JAMMU

Mobile: 9906173958, 7006080501, 6005830789
Phone: 0191-260601, 260602
Fax: 0191-260603

LIST OF DOCUMENTS /CERTIFICATES WHICH ARE REQUIRED AT THE TIME OF ADMISSION
TO BDS COURSE FOR SESSION 2025-26:-

**"THREE SETS (ONE PHOTO ATTESTED AND TWO UNATTESTED ALONGWITH ORIGINALS) BELOW
MENTIONED DOCUMENTS "**

1. HARD FILE COVER WITH TAG
2. DATE OF BIRTH CERTIFICATE (MATRIC CERTIFICATE)
3. CLASS 12TH CERTIFICATE AND MARKSHEET.
4. NEET UG 2025 SCORECARD OR RANK LETTER.
5. DOMICILE CERTIFICATE FOR STATE QUOTA CANDIDATES
6. ID PROOF (AADHAR/ PAN CARD/ DRIVING LICENSE/ PASSPORT)
7. RECENT EIGHT PASSPORT-SIZE PHOTOGRAPHS.
8. NEET UG ALLOTMENT LETTER FOR MCC CANDIDATES ONLY
9. COLLEGE LEAVING/DISCHARGE/TRANSFER/PROVISIONAL CERTIFICATE
10. ADMIT CARD FROM BOPEE/NEET 2025
11. CATEGORY CERTIFICATE, IF ANY.
12. VALID INCOME CERTIFICATE IN RESPECT OF POOR & BACKWARD CATEGORY CANDIDATES.
13. MIGRATION CERTIFICATE OF LAST EXAMINATION PASSED FROM THE COLLEGE UNIVERSITY OTHER THAN J&K BOARD/JAMMU UNIVERSITY.
14. JUDICIAL AFFIDAVIT (ISSUED BY THE 1ST CLASS MAGISTRATE), IF NOT TAKEN ADMISSION IN ANY COLLEGE WITHIN OR OUTSIDE THE STATE AFTER PASSING 10+2
15. JUDICIAL AFFIDAVIT (ISSUED BY THE 1ST CLASS MAGISTRATE) FROM THE CANDIDATE ALL THE DOCUMENTS /STATEMENTS TRUE AND CORRECT AS PER ADMISSION APPLICATION.
16. MEDICAL FITNESS CERTIFICATE
17. APAAR I.D WITH PROOF.
18. RECENT CHARACTER CERTIFICATE
19. DEMAND DRAFT OF 26,250/- (TWENTY SIX THOUSAND TWO HUNDRED FIFTY ONLY) IN FAVOR OF PRINCIPAL, INDIRA GANDHI GOVT. DENTAL COLLEGE, JAMMU
20. AFFIDAVIT - ANTI RAGGING BOND BY STUDENT & PARENT AS PER DENTAL COUNCIL OF INDIA NORMS. WWW.ANTIRAGGING.IN OR WWW.AMANMOVEMENT.ORG

NOTE: FOR ANY INFORMATION REGARDING MDS ADMISSION CONTACT WITH ACADEMIC SECTION: 9906173958, 7006080501, 6005830789.



INDIRA GANDHI GOVT. DENTAL COLLEGE, JAMMU.

Address:- Rehari Chungi, Jammu, Jammu & Kashmir, 180005
Email ID: principaliggdc-jk@nic.in iggdcjprincipal@yahoo.com
Ph. No: 0191- 2564962

Fee Receipt No. _____ dated: __/__/2025

BDS ADMISSION FORM (TO BE FILLED IN BLOCK LETTERS)

Insert
Passport
size Color
Picture

Academic year : 2025

BACHELOR'S OF DENTAL SURGERY

S. No.	Particulars										
I	Candidate details										
	Name :				Age:		Gender:				
	Date of Birth:				Nationality:						
	State Belonging to:				Mother Tongue:			Blood Group:			
	Aadhaar No:				APAAR I.D :						
	Contact Details		Land Line No:			Mobile No:		WhatsApp No:			
			E-mail Id:								
	Anti Ragging Undertaking Reference No:						State:				
	Address	Local Address					Permanent Address				
II	12 th Class Details (Academic Details)										
	Roll No.	Year	Division	Total Marks	%age of Marks	Physics	Chemistry	Bio	%age in PCB		
	DETAILS OF NEET										
	Roll No:				Rank:		Marks:		Percentile		
	JKBOPEE Rank :										
	Notification No:					Category (OM, SC, ST, etc):					
	Date of Admission:										

	Details of the reservation quota under which candidate is admitted (If Applicable)	Religion:	Caste :	Sub Caste:
III	Parents details			
		Father	Mother	
	Name			
	Mobile No/			
	WhatsApp No.			
	Email Id			
	Aadhar No.			
	PAN NO(in case candidates PAN No is not given)			
IV	Details of Local Guardian (if any)			
	Name:	Mobile No/WhatsApp No:	Address:	
<p style="text-align: center;">Declaration</p> <p>I Son/ Daughter of..... hereby declare that the above given information is true to the best of my knowledge. I understand that my admission is provisional, pending final approval from the university. I will abide by the rules and regulations of the Institution and will not directly or indirectly indulge in any activity that Jeopardizes the sanctity of the college including Ragging.</p> <p style="text-align: center;"> Signature of the Candidate Signature of the Parent/Guardian </p>				

Dr. Shallan Kaul,
Member, Admission Committee
Associate Professor,
PG Deptt. Of Pedodontics,
Indira Gandhi Govt. Dental College, Jammu

Dr. Iqbal Singh,
Member, Admission Committee
Professor
PG Deptt. Of Public Health Dentistry,
Indira Gandhi Govt. Dental College, Jammu

Dr. Manik Sharma,
Chairman, Admission Committee,
Prof. & HOD,
PG Deptt. Of Periodontology,
Indira Gandhi Govt. Dental College, Jammu

Principal & Dean,
Indira Gandhi Govt. Dental College,
Jammu.

To be submitted by the candidate who have not joined any institute after passing 10+2

AFFIDAVIT

I _____ S/o D/o _____
_____ R/o _____

Seeking admission to BDS course in Indira Gandhi Govt. Dental College, Jammu for the session 202____ hereby declare and affirm as under:-

1. That I have passed my 10+2 examination from the _____ in the year _____ under Roll No. _____
2. That I have not joined any educational institute within or outside the state after passing 10+2 examination.

Deponent

Verification:-

Verified at Jammu _____ day of _____ that the averments made by me in this affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed there from.

Deponent

(To be submitted by the candidate)

AFFIDAVIT

I _____ S/o/D/o of Mr./Mrs./Ms _____ R/o _____
Seeking admission to BDS course in Indira Gandhi Govt. Dental College, Jammu for
the session **2025-26** hereby declare and affirm as under:-

That all the statements made in the admission application form and documents
submitted for admission, are true and correct to the best of my knowledge and belief
and nothing has been concealed or misrepresented therein. If my discrepancy is found
later on in the documents/ students, I will be personally responsible for the same and
shall be liable for any action.

Deponent

Verification:-

Verified at Jammu _____ day of _____ that the
averments made by me in this affidavit are true and correct to the best of my
knowledge and belief and nothing has been concealed there from.

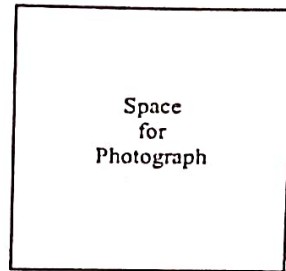
Deponent

Annexure-III

Medical Fitness Certificate

(To be signed by a registered medical practitioner holding a Medical Degree)

(TO BE SUBMITTED AT THE TIME OF ADMISSION)



I certify that I have carefully examined Mr./Ms.* _____
Son/daughter of Shri _____ whose
signature is given below. Based on the examination, I certify that he/she is in good mental and
physical health and is free from any physical defects which may interfere with his/her studies
including the active outdoor duties required of a professional.

Marks of Identification _____

Signature of the Candidate _____

Place:

Date:

Name & signature of the Medical Officer
with seal and registration number

* Strike whichever is not applicable.