



INDIRA GANDHI GOVT. DENTAL COLLEGE, JAMMU.

Address:- Rehari Chungi, Jammu, Jammu & Kashmir, 180005

Email ID: principaliggdc-jk@nic.in iggdcjprincipal@yahoo.com

Ph. No: [0191-2565630](tel:0191-2565630), [2564962](tel:0191-2564962) Fax No: [0191-2565588](tel:0191-2565588)

Documents to be produced at the college at the time of admission

List of documents for MDS Admission-2022-23

- Candidates who have been allotted seat for admission to MDS course in Indira Gandhi Govt. Dental College & Hospital, Jammu through the online counseling conducted by MCC shall report to the Academic Section, Indira Gandhi Govt. Dental College, Jammu within the stipulated time as mentioned on the allotment letter generated on MCC website. **Candidate who fails to report within the stipulated time shall not be considered for further counselling procedure.**
- At the time of reporting to the College the candidate must produce Allotment letter issued by MCC along with the following documents (mentioned in Table A here under) as applicable to his/her category in **Original and Three sets of photocopies** for the process of verification and ascertainment of the eligibility. **If the candidate fails to produce any of the following document his/her admission shall stand cancelled.**
- Candidates who have deposited their original documents with any other Institute / College / University and come for admission with a certificate stating that "their original certificates are deposited with the Institute /College / University" **shall not be allowed to take admission in allotted Dental College.**
- If there is any discrepancy in spelling in documents candidate must carry proof that the documents belong to same person in form of an affidavit/undertaking.
- All original documents of the candidate will be retained by the university till the counselling process is over. These may be released before the completion of counseling process only if the candidate is upgraded during further rounds of counseling or the candidate resigns from the admitted seat.

S no.	Document to be submitted
1.	MCC/JKBOPEE seat allotment Order- Original
2.	Admit Card NEET MDS 2022 issued by NBE
3.	Date of Birth Proof certificate (Birth Certificate or X Marks Card) - Original
4.	All Marks cards of university examination passed (I-IV BDS Course) - Original
5.	Completion of rotating internship from a recognized College- Original
6.	BDS Pass/Degree certificate issued by the University- Original
7.	Renewal/Registration certificate by any State Dental Council/DCI- Original
8.	Attempt certificate issued by the University/College Principal Original
9.	Transfer Certificate - Original
10.	Migration Certificate (Non-Jammu University students only) - Original
11.	a) The Candidate should also bring the following certificates, if applicable: b) SC/ST Certificate issued by the competent authority (in the format as specified by Medical Counseling committee) and should be in English or Hindi language. Sub-caste should be clearly mentioned in the certificate. c) OBC certificate issued by the competent authority. The sub-caste should tally with the Central List of OBC. The OBC candidates should not belong to Creamy Layer. The OBC certificate must be in the format as specified by Medical Counseling committee. d) Disability Certificate issued from a duly constituted and authorized Medical Board for 21 Benchmark Disabilities as per the Rights of Persons with Disability Act, 2016. No other PwD certificate, issued by any other authorities/ Hospital will be entertained. The format of Certificate of Disability shall be as specified by Medical Counseling committee
12.	Service Certificate in case of In-Service candidate - Copy

13.	Pan Card – Copy of Self / Parent / Guardian
14.	Affidavit - Anti Ragging bond by student & parent as per DCI Norms. www.antiragging.in or www.amanmovement.org
15.	Aadhar Card of the candidate - Copy
16.	Affidavit as enclosed (attested by the Judicial 1st Class Magistrate)
17.	Medical Fitness Certificate :- As Per Annexure I
18.	Character Certificate
19.	Latest pass port size photographs (05 copy) & Stamp Size (05 copy)
20.	Filled Indira Gandhi Govt. Dental College & Hospital, Jammu MDS Admission Form
21.	For UT of J&K Candidates Domicile Certificate- Original
22.	Fees ₹. 25,000/- (INR Twenty Five Thousand only) in the shape of Demand Draft in favour of Principal, Indira Gandhi Govt. Dental College, Jammu. (Only J&K Bank)
23.	Certificate regarding the recognition of Previous Dental College By the Dental Council of India - Original

Three sets of Xerox copies of all original documents along with the **Originals** .



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DD No. _____ dated: __/__/2022

MDS ADMISSION FORM

(TO BE FILLED IN BLOCK LETTERS)

Insert
Passport
size Picture
Here

Academic year :20 - 20

Subject of _____

S. No.	Particulars				
I	Candidate details				
	Name :		Age:	Gender:	
	Date of Birth:		Nationality:		
	State Belonging to:		Mother Tongue:	Blood Group:	
	Aadhaar No:		PAN No:		
	Contact Details	Land Line No:		Mobile No:	WhatsApp No:
		E-mail Id:			
	State Dental Council Registration No:			State:	
	Address	Local Address		Permanent Address	
II	Admission Details				
	Whether In Service: Yes/No _____				
	Details of NEET				
	Registration 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. Iqbal Singh,
Member, Admission Committee
Associate Prof.
Deptt. Of Public Health Dentistry,
Indira Gandhi Govt. Dental College, Jammu

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

AFFIDAVIT

I, _____ D/o _____ R/o _____
who has appeared in the NEET PG Examination under Roll No _____
UT of J&K Rank _____ do hereby solemnly affirm and declare as under: - with All India Rank _____ of _____

1. That I have been selected by **JKBOPEE/MCC** for admission in _____
vide Notification No _____ dated _____ and I am conscious of the rules
and regulations governing the selection of candidates for such admission, I am conscious that I will be
responsible of the consequences, if any of the information submitted by me at any stage proves to be false,
concealed or incorrect, including cancellation of my admission and the action as may be taken the BOPEE in
accordance with the rule 12 of ARO 158 read with SRO 168 of 2014.
2. I further solemnly affirm that:-
 - I am not pursuing any MDS course in any College/institution of UT nor am pursuing the same outside
the UT in any college/institution. Further I have not take any admission in ay college/institution of UT
of J&K during 2018,2019,2020 and have not resigned or left the course mid way.
3. I am aware as per SRO 48 of 2018 as amended from time to time that I am not entitled to undergo any other
PG course during the period I am admitted to the institution for undergoing the present course and I am also
aware of the conditions in the information brochure published by BOPEE about the consequences of leaving
the course midway/resigning after cut off date notified by the BOPEE and the other consequences as may
follow.
4. I have completed my rotatory internship by or before 31-07-2021 and in case I have not done so I am
conscious that I shall not be eligible for admission for the seat during 2021 I shall produce the internship
certificate to the institution/board during the process of completion of the admission process
5. I am registered with DCI/SMC under registration No _____ and shall produce the same to the
institute within the time specified by the institute.
6. I have not taken admission in any institute/college during the admission 2021
7. I shall produce all certificates to the institute within the stipulated time frame as may be prescribed by the
concerned institute and may at present submit the provisional documents/such documents issued by the
institutes which are true to the best of my knowledge and belief and are considered by the college for the
purpose.
8. That I will not participate in any kind of strike/unlawful activity during the period of my tenure engagement
of Post graduation.
9. That I will follow all the rules and regulation of Govt. Dental College, Jammu.
10. That I have enclosed all the documents required for admission.

I affirm and declare that the above information is true and correct to the best of my knowledge and belief and I shall
be personally responsible in case of misinterpretation, false information etc is proved to have been submitted by me at
any time and the consequences that may follow what so ever.

DEPONENT

DEPONENT

CERTIFICATE OF MEDICAL FITNESS

This is to certify that,

I have conducted clinical examination of Dr.....
who is desirous of admission to Dental Postgraduate Courses.

He/she has **not given** any personal history of any disease incapacitating him/her to undergo the professional course.

Also, on clinical examination it has been found that he/she is **medically fit** to undergo the Dental Postgraduate course.

The notable findings during clinical examination of Dr.
..... are as under:

- (1) Absence of any incapacitating and /or progressive systematic disease/disorder / condition
- (2) Absence of any disability of upper limb/s
- (3) Absence of any major visual/auditory disability
- (4) Absence of psychosis/neurosis/mental retardation
- (5) Ability to maintain erect posture
- (6) Reasonable manual dexterity

Name of Registered Medical Practitioner: _____

Registration No.: _____

Address of the Registered Medical Practitioner:

Signature: _____

Date: _____

Seal of Registered Medical Practitioner